

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 666434

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** ADVENTURES IN TRAVEL OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

3380 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 323083710 US

**New Principal Place of Business:**

**Current Mailing Address:**

3380 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 323083710 US

**New Mailing Address:**

**FEI Number:** 59-2003920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, M L  
302 3RD STREET  
SUITE 1  
NEPTUNE BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: MILLER, LANCE  
Address: 302 3RD STREET, SUITE 1  
City-St-Zip: NEPTUNE BEACH, FL 32233 US

Title: V ( ) Delete  
Name: FRANCESCHI, LEE ANN  
Address: 2909 IVANHOE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: P ( ) Delete  
Name: KEEN, J V II  
Address: 504 SWEETWATER CLUB CIR  
City-St-Zip: LONGWOOD, FL 32779 US

Title: C ( ) Delete  
Name: WACKSMAN, JAMES F  
Address: 2644 STONEGATE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES F WACKSMAN

C

07/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date