


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004597 1. Entity Name BRISTOL TOURS, INC.	
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Principal Place of Business 17 PRINCE LANE BRISTOL, VT	Mailing Address 3016 W. 38TH ST ORLANDO, FL 32839
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0356667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRASSANO, ROBERT 3016 W 38TH ST ORLANDO, FL 32839	ENTERED
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000170474 08/20/04-80002-006 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SNOW, JOHN R 1233 SHELBOURNE RD SO BURLINGTON, VT 05403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRASSANO, ANTHONY PO BOX 198 BRISTOL, VT 05443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GRASSANO, ROBERT 3016 W. 38TH ST ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLLES, MARK PO BOX 198 BRISTOL, VT 05443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 	8/17/04 Date	407-254-5100 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		