

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-12-2007 90476 001 ***300.00

DOCUMENT # F05000000042

1. Entity Name
TRAVEL HOLDINGS, INC.



Principal Place of Business
220 EAST CENTRAL PARKWAY
SUITE 4000
ALTAMONTE SPRINGS, FL 32701

Mailing Address
220 EAST CENTRAL PARKWAY
SUITE 4000
ALTAMONTE SPRINGS, FL 32701



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
58-2487869

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGOV, URI
220 EAST CENTRAL PARKWAY, SUITE 4000
ALTAMONTE SPRINGS, FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME GREENBERG, ALAN
STREET ADDRESS 3455 PEACHTREE ROAD, NE, SUITE 110
CITY-ST-ZIP ATLANTA, GA 30326

TITLE D ☒ Change ☐ Addition
NAME Greenberg, Alan
STREET ADDRESS 3455 Peachtree Road, NE, Suite 110
CITY-ST-ZIP Atlanta, GA 30326

TITLE DP ☐ Delete
NAME ARGOV, URI
STREET ADDRESS 220 EAST CENTRAL PARKWAY, SUITE 4000
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE DC ☒ Change ☐ Addition
NAME URI ARGOV
STREET ADDRESS 220 East Central Parkway, Suite 4000
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE D ☐ Delete
NAME DEVLIN, MICHAEL
STREET ADDRESS ONE BURTON HILLS BLVD., SUITE 180
CITY-ST-ZIP NASHVILLE, TN 37215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RENAUD, CHRIS
STREET ADDRESS 540 MADISON AVENUE, FLOOR 26
CITY-ST-ZIP NEW YORK, NY 10013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DIMITRIJEVIC, MARKO
STREET ADDRESS 2601 SOUTH BAYSHORE DR., SUITE 1700
CITY-ST-ZIP MIAMI, FL 33133

TITLE D ☐ Change ☒ Addition
NAME David Yarnell
STREET ADDRESS 2603 Tresser Blvd 10th Floor
CITY-ST-ZIP Stamford, CT 06901

TITLE D ☐ Delete
NAME BURCH, LUCIUS
STREET ADDRESS ONE BURTON HILLS BLVD., SUITE 350
CITY-ST-ZIP NASHVILLE, TN 37215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

Date

407-667-8700

Daytime Phone #