

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005397 1. Entity Name ALL ABOUT TRAVEL, INC. OF MISSOURI	
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Principal Place of Business 5331 JOHNSON DRIVE MISSION, KS 66205	Mailing Address 5331 JOHNSON DRIVE MISSION, KS 66205
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03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1270102	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAULIEN, COBY
801 3RD ST EAST
PALMETTO, FL 34221

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

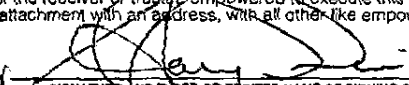
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC GAULIEN, COBY 801 3RD ST. EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAKE, BRENT 5331 JOHNSON DRIVE MISSION, KS 66205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, GARY D 5331 JOHNSON DRIVE MISSION, KS 66205
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03/21/06-80075-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3-10-06 913-671-970
Date Daytime Phone