

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000326

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** VALUE TRAVEL OF VERNON INC.

**Current Principal Place of Business:**

1061 W. LAKEVIEW DR  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 780062  
SEBASTIAN, FL 32978

**New Mailing Address:**

**FEI Number:** 06-1245059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODFELLOW, GLENN  
1061 W LAKEVIEW DR  
SEBASTIAN, FL 32958 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

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** GARAREDIAN, ROBERT  
**Address:** 44 COLCHESTER COMMONS  
**City-St-Zip:** COLCHESTER, CT 06415

**Title:** VCT  
**Name:** GOODFELLOW, GLENN  
**Address:** 1061 W LAKEVIEW DR  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** D  
**Name:** GOODFELLOW, CAROL A  
**Address:** 1061 W LAKEVIEW DR  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** DS  
**Name:** GARAREDIAN, MARILYN  
**Address:** 44 COLCHESTER COMMONS  
**City-St-Zip:** COLCHESTER, CT 06415

I hereby 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 all other like empowered.

**SIGNATURE:** GLENN GOODFELLOW

VCT

04/26/2012

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

\_\_\_\_\_  
Date