

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F74782

1. Entity Name
G & M TRAVEL, INC.



Principal Place of Business
**% GARY HAROLD BLOUNT
1735 E BURGESS ROAD
PENSACOLA, FL 32504**

Mailing Address
**% GARY HAROLD BLOUNT
1735 E BURGESS ROAD
PENSACOLA, FL 32504**



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2198632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLOUNT, GARY HAROLD
1735 E BURGESS ROAD
PENSACOLA, FL 32504**

**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

Gary Harold Blount

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

(NOTE: Registered Agent signature required when reinstating)

7/18/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BLOUNT, GARY HAROLD
1735 E BURGESS RD
PENSACOLA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000571706
07/21/06-80008-015 150.00

**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:

Gary Harold Blount

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06

DATE

Daytime Phone #