


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90040 028 ***150.00

DOCUMENT # F76896	
1. Entity Name FANTASTIC TRAVEL CENTRE, INC.	
	
Principal Place of Business 2290-B S. VOLUSIA AVENUE PO BOX 740396 ORANGE CITY, FL 32774-0396 US	Mailing Address 2290-B S. VOLUSIA AVENUE PO BOX 740396 ORANGE CITY, FL 32774-0396 US

03000010



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2245395	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

BONETA, JUAN
2290 SOUTH VOLUSIA AVENUE #B
ORANGE CITY, FL

**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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

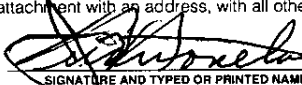
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONETA, HAYDEE 1372 FREEPORT DR. DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BONETA, JUAN B. 1372 FREEPORT DR. DELTONA, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



Juan B. Boneta

2/5/04

(386) 775-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #