

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F92000000982**

1. Entity Name  
**WELCOME ABOARD TRAVEL SERVICES, INC.**



Principal Place of Business  
**804 CYPRESS BLVD  
#404 BLDG 92  
POMPAÑO BEACH, FL 33069 US**

Mailing Address  
**804 CYPRESS BLVD  
#404 BLDG 92  
POMPAÑO BEACH, FL 33069 US**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-2429941**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KOVNAT, LORRAINE M  
804 CYPRESS BLVD  
#404 BLD 92  
POMPAÑO BEACH, FL 33069**

**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  
**PCD  
KOVNAT, LORRAINE M  
804 CYPRESS BLVD., #404, BLDG. 92  
POMPAÑO BEACH, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
KOVNAT, ARTHUR S  
804 CYPRESS BLVD., #404, BLDG. 92  
POMPAÑO BEACH, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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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:** *Lorraine M Kovnat* **LORRAINE M KOVNAT** 4/27/04 954-974-0760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #