


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F92408	
1. Entity Name AROUND THE WORLD TRAVEL OF SOUTHERN FLORIDA, INC.	

Principal Place of Business 16520 S. TAMiami TRAIL #215 FT. MYERS, FL 33908 US	Mailing Address 16520 S. TAMiami TRAIL #215 FT. MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE



07112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2807918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent LUTHRINGER, MARIKA A 967 BEACH RD SANIBEL, FL 33957

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTHRINGER, MARIKA A 967 BEACH RD SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTHRINGER, PAUL J 967 BEACH RD SANIBEL, FL
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TITLE NAME STREET ADDRESS 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 full other like empowered.

SIGNATURE: <i>Marika Luthringer</i> MARIKA A. LUTHRINGER 7/13/04 239-433-1660	Date	Daytime Phone #
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