

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90021 035 ***150.00

DOCUMENT # F96000002771

1. Entity Name
NEW HORIZONS TOUR & TRAVEL, INC.



Principal Place of Business
**2727 SPRING ARBOR RD.
JACKSON, MI 49203**

Mailing Address
**2727 SPRING ARBOR RD.
JACKSON, MI 49203**

40109966



05072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2670491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANTRY, KENN
4901 MARBELLA ISLE DR.
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name **DEBORAH FLASKERUD**

Street Address (P.O. Box Number is Not Acceptable)
2621 COVE CAY DR #609

City **CLEARWATER** FL Zip Code **33760**

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

DEBORAH FLASKERUD

5/7/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 **DCP** ☐ Delete
NAME **LETARTE, KATHLEEN**
STREET ADDRESS **1711 LITTLE DR**
CITY-STATE-ZIP **HORTON, MI 49246**

TITLE **DCVP** ☒ Delete
NAME **LETARTE, RICHARD M**
STREET ADDRESS **2001 BROADCREST RD**
CITY-STATE-ZIP **JACKSON, MI 49203**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **KATHLEEN LETARTE**
STREET ADDRESS **5366 SOUTH SHORE DRIVE**
CITY-STATE-ZIP **WHITEHALL MI 49461**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: Kathy Letarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY LETARTE **5/7/07** **788-6822**
Date Daytime Phone #