

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90042 036 ***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**

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

01112008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
~~PLANTATION~~, FL 33324
PLANTATION**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 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
**DCB
RICCIARDELLI, MARIO
LONDON RD, CRAWLEY, WEST SUSSEX
RH10 PGX,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IRWIN, IRWIN WILLIAM
LONDON RD, CRAWLEY, WEST SUSSEX
RH10 PGX,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SNODE, KEITH
LONDON RD, CRAWLEY, WEST SUSSEX
RH10 PGX,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
POOLE, WILLIAM M
LONDON RD, CRAWLEY, WEST SUSSEX
RH10 PGX,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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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 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:

KEITH SNODE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2008
Date

517-788-0822
Daytime Phone #