

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000005577

1. Entity Name
D & F TRAVEL INC.



FILED
Jul 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
338 CENTRAL AVE., SUITE 320
DUNKIRK, NY 14048

Mailing Address
338 CENTRAL AVE., SUITE 320
DUNKIRK, NY 14048



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1339745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000166544
07/16/04-80001-010 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SWANSON, RICHARD L 338 CENTRAL AVE., SUITE 320 DUNKIRK, NY 14048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWANSON, RICHARD L 338 CENTRAL AVE., SUITE 320 DUNKIRK, NY 14048
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/04 716 366 5767