## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## **FILED** DOCUMENT # F99000005577 Jul 24, 2006 08:00 AM **Secretary of State** 1. Entity Name D & F TRAVEL INC. Principal Place of Business Mailing Address 338 CENTRAL AVÉ., SUITE 320 DUNKIRK NY 14048 338 CENTRAL AVE., SUITE 320 **DUNKIRK NY 14048** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State City & State 4. FEI Number 16-1339745 Not Applicable \$8.75 Additional Zin Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 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 Flonda. 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 \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State X not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** ☐ Change TITLE Delete TITLE ☐ Addition SWANSON, RICHARD L NAME NAME U00000571816 07/25/06-80002-022 158.75 338 CENTRAL AVE., SUITE 320 STREET ADDRESS STREET ADDRESS **DUNKIRK NY 14048** CHTY-ST-ZIP City-St-ZiP ☐ Change ☐ Delete ☐ Addition TITLE SWANSON, RICHARD L NAME NAME 338 CENTRAL AVE., SUITE 320 STREET ADDRESS STREET ADDRESS **DUNKIRK NY 14048** CITY - ST - ZIP CITY-ST-ZIP THE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the bis report as produced by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 is 12. I hereby certify that the information indicated on this report of su ion supplied with this filing of the corporation of changed, or on an att