## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F9900005577

1. Entity Name D & F TRAVEL INC.



FILED Jan 29, 2007 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



01042007

No Chg-P

CR2E034 (11/05)

4. FE! Number 16-1339745 Applied For Not Applicable

5. Certificate of Status Desired

**≱** \$8

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent.	rpose of changing its registered	office or registered age	ent, or both, in th	ne State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	applicable, (NOTE: Registered Ap	gent signature required when rei	instating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	ng \$5.00 M ☐ Added to F	lay Be	U00000607504 1/31/07-80039-013 158.75
10.	OFFICERS AND DIRECT	ORS			
TITLE NAME STREET ADDRESS CITY-S1-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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
PITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	, .				

12. I hereby certify that the information supplied with this filling 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 fue 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 empowers 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 edgless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Richard L

T ~ Swerison

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

716 346 576

Daytime Phone #