


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F99000005577 1. Entity Name D & F TRAVEL INC. |  |
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|---|---|
| Principal Place of Business 338 CENTRAL AVE., SUITE 320 DUNKIRK, NY 14048 | Mailing Address 338 CENTRAL AVE., SUITE 320 DUNKIRK, NY 14048 |
|---|---|

DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 16-1339745 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| 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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01/18/08-80038-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *William A. Jones - Compliance Officer* 1/14/08 800-832-3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #