

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40418

FILED
May 24, 2005
Secretary of State

Entity Name: WORLD CLASS TRAVEL SERVICE, INC.

Current Principal Place of Business:

808 N.W. 13TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

808 N.W. 13TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2313253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, ROBERT L
6203 NW 31ST TERRACE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TODD, ROBERT L
Address: 6203 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32683

Title: VP () Delete
Name: BUDD, HARVEY
Address: 3111 NW 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: GOMEZ-TODD, JANET
Address: 5203 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TODD

P

05/24/2005

Electronic Signature of Signing Officer or Director

Date