

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 029 ***150.00

DOCUMENT # G75341

1. Entity Name
M & L TRAVEL AGENCY, INC.



Principal Place of Business

**50 EGLIN PKWY NE
SUITE C
FT WALTON BCH, FL 32548 US**

Mailing Address

**50 EGLIN PKWY NE
SUITE C
FT WALTON BCH, FL 32548 US**

00010000



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2351784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MCCLARY, READER M.~~
**50 EGLIN PKWY NE
SUITE C
FT WALTON BCH, FL 32548**

Edlund, Carol J.

**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 title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STEARNS, ALLAN M.
2 IPSWICH CIR
FT WALTON BCH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDLUND, CAROL J
453 CAVIAR DR
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MCCLARY, READER M.
3871 INDIAN TRAIL 2A
DESTIN, FL 32541**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Carol J. Edlund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H1505 880-243-2774

Date

Daytime Phone #