

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90663 005 \*\*\*150.00

**DOCUMENT # G89510**

1. Entity Name

STIRLING ROAD TRAVEL, INC.



Principal Place of Business

5820 STIRLING ROAD  
HOLLYWOOD FL 33021

Mailing Address

5820 STIRLING ROAD  
HOLLYWOOD FL 33021

2. Principal Place of Business

2000 S OCEAN DRIVE

3. Mailing Address

757 SE 17<sup>th</sup> STREET

Suite, Apt. #, etc.

# 1104

Suite, Apt. #, etc.

# 800

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

59-2384534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, JOAN  
5820 STIRLING ROAD  
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
YOUNG, JOAN  
2000 S. OCEAN DRIVE, #1104  
FORT LAUDERDALE FL 33316 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Joan Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2004 954-981-9000  
Date Daytime Phone #