

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|---|---------|--|--|--|---|--|
| DOCUMENT # G93330 1. Entity Name VETULA TRAVEL SERVICE, INC. | | | | | | FILED 07 APR 17 PM 2:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 14300 REFLECTION LAKES DR. FORT MYERS, FL 33907 | | | | Mailing Address 14300 REFLECTION LAKES DR. FORT MYERS, FL 33907 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 59-2395872 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent VETULA, DAVID J MR. 14300 REFLECTION LAKES DR. FORT MYERS, FL 33907 | | | | 7. Name and Address of New Registered Agent Name John C. Gallagher Street Address (P.O. Box Number is Not Acceptable) 3501 Del Prado Blvd. S, Suite 302 City Cape Coral FL Zip Code 33904 | | | |
| 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 John C. Gallagher, CPA <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 3/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD VETULA, DAVID J 14300 REFLECTION LAKES DRIVE FORT MYERS, FL 33907 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VETULA, CAROL G 14300 REFLECTION LAKES DRIVE FORT MYERS, FL 33907 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800097968168 04/23/07--01022--009 **61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 7/4/20 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: David J. Vetula <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 4/11/07 | | | |
| 770 288-2700 | | | | Daytime Phone # | | | |