

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G94686

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** THE TRAVEL CONNECTION OF OKEECHOBEE, INC.

**Current Principal Place of Business:**

3594 HWY 441S  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

3594 HWY 441S  
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number:** 59-2402593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANGLOFF, PAMELA M.  
4281 S.W. 12 WAY  
OKEECHOBEE, FL 34974 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

**OFFICERS AND DIRECTORS:**

Title: PTVS  
Name: GANGLOFF, PAMELA  
Address: 4281 SW 12TH WAY  
City-St-Zip: OKEECHOBEE, FL 34974

I hereby 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 all other like empowered.

SIGNATURE: PAMELA M. GANGLOFF

OWNE

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date