## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H27764

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WINDERMERE, FL 33876

ST ( ) Delete DYKGRAAF, BRENDA,

ORLANDO, FL 32819

7550 HINSON ST

FILED Feb 18, 2009 Secretary of State

Entity Nan	ne: A FIRST (	CLASS TRAVEL SERVICE, INC	).			
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	EOLA POLK LI RT, FL 33896					
Current Ma	ailing Addres	s:	New Mailing Address:			
6951 OSCE DAVENPO	EOLA POLK LI RT, FL 33896	NE ROAD				
FEI Number: 59-2465866 FEI Number Applied For ( )		FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
6951 OSCE	F, NATHAN D EOLA-POLK LI DRT, FL 33896	INE RD				
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered	I office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DYKGRAAF, NA	N-POLK LINE RD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title:	DYKGRAAF, NA 6951 OSCEOLA DAVEN PORT, I	A-POLK LINE RD FL 33896 Delete	Title: Name: Address: City-St-Zip: Title:	ST (X) Change ( ) Addition		
Name:			·			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WINDERMERE, FL 34786

DYKGRAAF, BRENDA,

9711 DEACON COURT

WINDEMERE, FL 34786

(X) Change ( ) Addition

SIGNATURE: NATHAN DYKGRAAF SR PRES 02/18/2009