

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H27764

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** A FIRST CLASS TRAVEL SERVICE, INC.

**Current Principal Place of Business:**

6951 OSCEOLA POLK LINE ROAD  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

6951 OSCEOLA POLK LINE ROAD  
DAVENPORT, FL 33896

**New Mailing Address:**

**FEI Number:** 59-2465866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DYKGRAAF, NATHAN D. SR.  
6951 OSCEOLA-POLK LINE RD  
DAVEN PORT, FL 33896 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: P  
Name: DYKGRAAF, NATHAN D. SR.  
Address: 6951 OSCEOLA-POLK LINE RD  
City-St-Zip: DAVEN PORT, FL 33896

Title: ST  
Name: DYKGRAAF, MARTHA  
Address: 6951 OSCEOLA-POLK LINE RD  
City-St-Zip: DAVEN PORT, FL 33896

Title: ST  
Name: DYKGRAAF, JR., NATHAN D.  
Address: 6521 CARTMEL LN  
City-St-Zip: WINDERMERE, FL 34786

Title: ST  
Name: DYKGRAAF, BRENDA  
Address: 9711 DEACON COURT  
City-St-Zip: WINDEMERE, FL 34786

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: NATHAN D DYKGRAAF

P

02/10/2011

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

\_\_\_\_\_  
Date