

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H56598</b>	
1. Entity Name REYNOLDS TRAVEL, INC.	
Principal Place of Business 1327 NW ST LUCIE W BLVD PORT SAINT LUCIE, FL 34986	Mailing Address 1327 NW ST LUCIE W BLVD PORT SAINT LUCIE, FL 34986



**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2553771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CATALDO, ANTONIO 675 HIDDEN RIVER DR. PORT ST LUCIE, FL 34983	<b>DO NOT WRITE IN THIS SPACE</b>
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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 obligation 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATALDO, GRACE 675 HIDDEN RIVER DR. PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATALDO, ANTONIO 675 HIDDEN RIVER DR. PORT ST. LUCIE, FL
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04/15/05-80072-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Grace Cataldo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05-772-3401600  
Date Daytime Phone #