


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90064 027 \*\*\*150.00

**DOCUMENT # H56598**

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**

**40062048**



2. Principal Place of Business - No P.O. Box #  
**304 NW BETHANY DR**

3. Mailing Address  
**304 NW BETHANY DR**

Suite, Apt. #, etc.

04052007 Chg-P CR2E034 (12/06)

City & State  
**PORT ST LUCIE FL**

City & State  
**PORT ST LUCIE FL**

Zip  
**34986**

Country  
**US**

4. FEI Number  
**59-2553771**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATALDO, ANTONIO**  
**675 HIDDEN RIVER DR.**  
**PORT ST LUCIE, FL 34983**

7. Name and Address of New Registered Agent

Name  
**CATALDO GRACE**

Street Address (P.O. Box Number is Not Acceptable)  
**2721 SE Lookout Blvd**

City  
**PORT ST LUCIE**

State  
**FL**

Zip Code  
**34984**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 <b>2721 SE</b> <input type="checkbox"/> Delete <del>675 HIDDEN RIVER DR.</del> <b>LOOKOUT BLVD</b> PORT ST LUCIE, FL <b>34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATALDO, ANTONIO <input checked="" type="checkbox"/> Delete 675 HIDDEN RIVER DR. PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres DONNA MALIKI <input type="checkbox"/> Delete 352 NW CLARIA CT Port St Lucie FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VICCENT CARCARO <input type="checkbox"/> Delete 10551 West Park Ave PSL, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Grace Cataldo Date: 4/10/07 Daytime Phone #: 772-5286614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR