## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # H61268**

1. Entity Name

AROUND THE EARTH TRAVEL, INC.



Principal Place of Business

819 S. BROAD ST.

29 S. BROOKSVILLE AVE BROOKSVILLE, FL 34601

Mailing Address

P.O.BOX 997

29 S. BROOKSVILLE AVE

BROOKSVILLE, FL 34605-7997

#### FILED May 03, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2546466

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SASSER, DAVID C. 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34605-7997

# DO NOT WRITE IN THIS SPACE

			in This Stace			
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 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD SIEGEL, DORIS R. 900 N BROAD ST #6405 BROOKSVILLE, FL 34601				04-036347637 5,79 04-03017-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE HAME STREET ADDRESS						

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: 🗸

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

april 28,2004

352-196-9020