


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # J02005 1. Entity Name A. J. TRAVELMART, INC.	
--	---

Principal Place of Business
1573 BEVERLY DR.
CLEARWATER, FL 33764

Mailing Address
1573 BEVERLY DR.
CLEARWATER, FL 33764



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2608842	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

NICHOLS, JAMES
1537 BEVERLY DR.
CLEARWATER, FL 33764

**DO NOT WRITE
IN THIS SPACE**

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 _____

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	PTD NICHOLS, JAMES 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NICHOLS, ANASTASIA S 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVEY, NIKIMARIE 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, GEORGE 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000293825
04/08/05-80044-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 (727) 531-4928
Date Daytime Phone #