

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12129

FILED
Apr 13, 2005
Secretary of State

Entity Name: ORCHID SPRINGS TRAVEL, INC.

Current Principal Place of Business:

900 ORCHID SPRGS DR #101
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

900 ORCHID SPRGS DR
SUITE 101
WINTER HAVEN, FL 33884 US

Current Mailing Address:

900 ORCHID SPRGS DR #101
WINTER HAVEN, FL 33884 US

New Mailing Address:

900 ORCHID SPRGS DR
SUITE 101
WINTER HAVEN, FL 33884 US

FEI Number: 59-2779561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, DIANE S
1 SPENCER SHORES
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

NELSON, RITA C
5855 PHOEBENEST DR
LITHIA, FL 33547 US

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: RITA C NELSON

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHT, DIANE S.,
Address: 1 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844

Title: SD (X) Delete
Name: TATE, ELLEN R.,
Address: 203 S MARIAM LK DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: DT (X) Delete
Name: LOFTUS, CAROLYN S.,
Address: 2007 VARNER CIRCLE, SE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, RITA C P
Address: 5855 PHOEBENEST DR
City-St-Zip: LITHIA, FL 33547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RITA C NELSON

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date