

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J30058**

1. Entity Name  
**ALPHATRAVEL OF CENTRAL FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**4337 STEED TERR**      **4337 STEED TERR**  
**WINTER PARK, FL 32792 US**      **WINTER PARK, FL 32792 US**



04012005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2709449**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BABINCHAK, WENDY**  
**4337 STEED TERR**  
**WINTER PARK, FL 32792**

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BABINCHAK, WENDY P.
STREET ADDRESS	4337 STEED TERR
CITY - ST - ZIP	WINTER PARK, FL
TITLE	VTD
NAME	BABINCHAK, JOHN II
STREET ADDRESS	4337 STEED TERR
CITY - ST - ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/13/05-80028-020 150.00

**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: *Wendy Babinchak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 4076787282  
Date      Daytime Phone #