

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J59604	
1. Entity Name G.M.O. TRAVEL, INCORPORATED	

Principal Place of Business ONE EAST ELEVENTH STREET SUITE 200 RIVIERA BEACH, FL 33404	Mailing Address ONE EAST ELEVENTH STREET SUITE 200 RIVIERA BEACH, FL 33404
--	--

DO NOT WRITE IN THIS SPACE



03042003 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2779717	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KENNETH GOLDBERG
ONE EAST ELEVENTH STREET
SUITE 200
RIVIERA BEACH, FL 33404**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

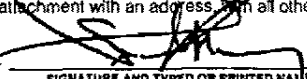
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCTIGHE, JOHN M. ONE ELEVENTH STREET SUITE 500 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MURRAY, FRANCIS X ONE ELEVENTH STREET SUITE 500 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEO, FRANK A ONE ELEVENTH STREET SUITE 500 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, FRANCIS W 211 BENIGNO BLVD SUITE 210 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIUCCI, JOHN V 777 E PORT RD RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000160992
05/19/04-80004-019 150.00

**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)(l), 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:  **Francis X. Murray** May 13, 2004 561-682-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #