

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J59604

1. Entity Name
G.M.O. TRAVEL, INCORPORATED



FILED
Jul 25, 2008 08:00 AM
Secretary of State

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**



07232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

[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 \$550.00
Due by September 12, 2008**

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
**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
MURRAY, FRANCIS W
211 BENIGNO BLVD SUITE 210
RIVIERA BEACH, FL 33404**

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #