

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K84447**

1. Entity Name  
TRAVEL SERVICES UNLIMITED, INC.



Principal Place of Business

726 S DALE MABRY  
TAMPA, FL 33609 US

Mailing Address

726 S DALE MABRY  
TAMPA, FL 33609 US



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2946358  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, JEAN B  
726 SOUTH DALE MABRY  
TAMPA, FL 33609

**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

*Jean B Gilbert*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/2/05

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	DP
NAME	GILBERT, JEAN B.
STREET ADDRESS	926 GOLF VIEW ST
CITY-ST-ZIP	TAMPA, FL
TITLE	DV
NAME	MACFAWN, MONIKA
STREET ADDRESS	955 40TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	T
NAME	GILBERT, LEONARD H.
STREET ADDRESS	926 GOLF VIEW ST
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	MACFAWN, FREDERICK H.
STREET ADDRESS	955 40TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000258444  
03/10/05-80039-018 150.00

**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)(f), 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:

*Jean B Gilbert, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 813-877-4040  
Date Daytime Phone #