

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90074 041 ***158.75

DOCUMENT # L05665

1. Entity Name
JOE WARNER TRAVEL, INC.



Principal Place of Business
**7 NW 24TH COURT
DELRAY BEACH, FL 33444**

Mailing Address
**7 NW 24TH COURT
DELRAY BEACH, FL 33444**

50015160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

70-6564040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNER, JOSEPH A
7 NW 24TH COURT
DELRAY BEACH, FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	WARNER, JOSEPH A	
STREET ADDRESS	7 N.W. 24TH COURT	
CITY - ST - ZIP	DELRAY BEACH, FL	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	WARNER, ELISABETH L	
STREET ADDRESS	7 N.W. 24TH CT.	
CITY - ST - ZIP	DELRAY BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, ELISABETH M	
STREET ADDRESS	7 NW 24 CT	
CITY - ST - ZIP	DELRAY BEACH, FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WARNER, DRUE N	
STREET ADDRESS	7 NW 24 CT	
CITY - ST - ZIP	DELRAY BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, PHILIP C	
STREET ADDRESS	7 NW 24 CT	
CITY - ST - ZIP	DELRAY BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Joseph A. Warner* **Joseph A. WARNER, Pres.** **2/9/05** **(SE) 278-1045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #