2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

1. Entity Name	MENT # L26255 TOURS, INC.					02-11-2008 90	0061 038 **	**150.0	00
Principal Place	of Business	Mailing Address			,				
12575 PLACIDA RD		12575 PLACIDA RD							
PLACIDA, FL 33946 US		PLACIDA, FL 33946	US						
					(JESTIES EIG A	INC PRINCIPAL AND SEC	ALBEN BEWEE BEREIT		1 9 1 41 1001
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
				1 (8858)1 418 1	1910 BEI18 MADI BHOI OIII	Olufi alett etell alet			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number		· · · · · ·	l lann	lied For	
City & State		City & State			65-0156	644		\rightarrow	Applicable
Zip Country		Zip Cour		у	\$8.7		75 Addit		
							☐ Fee	Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Re	egistered Agen	ıt	
SCHNEIDER, MARIAN E				Name					
12575 PLA				Street Address (P.O. Box Number	is Not Acceptable)		
PLACIDA, FL 33946						, <u>, , , , , , , , , , , , , , , , , , </u>			
	•		<u> </u>						
				City FL Zip Code					
B. The above	named entity submits this statement (or the purpose of changing its	registered	d office or register	ed agent, or both	, in the State of Flo	rida. I am Iamil	iar with, a	ind accept
the obligati	ions of registered agent.								ļ
SIGNATURE									
	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE	E: Registered	Agent signature required	when reinstating)		DATE		
		9: Election Campaign Financing Trust Fund Contribution.							
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550	نامنات ا			.00 May Be ed to Fees				
- After Ma	ay 1, 2008 Fee will/be \$550	.00 Trust Fund Cont			ed to Fees	CHANGES TO OFFI	ICERS AND DIF	ECTORS	IN 11
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS AND	.00 Trust Fund Cont	ribution.		ed to Fees	HANGES TO OFFI	. V . 17	Change ,	☐ Addition
10. IIILE NAME:	P SCHNEIDER, MARIAN E.	.00 Trust Fund Cont	11. TITLE NAME	Ädd	ed to Fees	CHANGES TO OFFI		Change ,	☐ Addition
10. TITLE NAME: STREET ADDRESS	P SCHNEIDER, MARIAN E. 12575 PLACIDA RD	.00 Trust Fund Cont	11. TITLE NAME STREE	T ADDRESS	ed to Fees	CHANGES TO OFFI	. V . 17	Change ,	☐ Addition
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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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-10-08

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