


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L51810</b> 1. Entity Name <b>MJT TOURS INC</b>	
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Principal Place of Business <b>C/O 231 N. BERMUDA AVE. KISSIMMEE, FL 34741</b>	Mailing Address <b>C/O 231 N. BERMUDA AVE. KISSIMMEE, FL 34741</b>
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FCI Number <b>59-2991398</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**THOMAS, MARILYN  
1137 SENECA TRAIL  
SAINT CLOUD, FL 34772**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P THOMAS, MARILYN C/O 231 N. BERMUDA AVE. KISSIMMEE, FL 34741
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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:** *Marilyn J Thomas* **MARILYN J THOMAS** **2-17-04** **(865) 712 3453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DeLima Phone #