


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90066 024 \*\*\*150.00

<b>DOCUMENT # L61379</b> 1. Entity Name <b>GEO TOURS, INC.</b>					
Principal Place of Business <del>10234 DOUGLAS OAKS CIRCLE</del> <del>201</del> <b>TAMPA FL 33610</b> <del>US</del>			Mailing Address <del>10234 DOUGLAS OAKS CIRCLE</del> <del>201</del> <b>TAMPA FL 33610</b> <del>US</del>		
2. Principal Place of Business <b>5704 TANAGER GROVE Way</b> Suite, Apt. #, etc.			3. Mailing Address <b>5704 TANAGER GROVE Way</b> Suite, Apt. #, etc.		
City & State <b>Lithia, FLA</b>			City & State <b>Lithia, FLA</b>		
Zip <b>33547</b>		Country <b>USA</b>		Zip <b>33547</b>	
Country <b>USA</b>		4. FEI Number <b>59-3028321</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EVANS, DAVID L.</b> <b>225 E. ROBINSON ST.</b> <b>SUITE 600</b> <b>ORLANDO FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>DANTIC, PAUL T.</b> <b>10234 DOUGLAS OAKS CIRCLE APT 2010</b> <b>TAMPA FL 33610</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>DANTIC, PAUL T.</b> <b>5704 TANAGER GROVE Way</b> <b>Lithia, FLA 33547</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Paul T. Dantic - Paul T. DANTIC</b> <b>1-29-04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



MOORE CR2E034 (11/03)

813-176-9400