


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L62679

1. Entity Name
PROFESSIONAL TRAVEL MANAGEMENT AND INCENTIVES, INC.



Principal Place of Business
MATTSON, JOHANE J. BERNARD
10429 ST ANDREWS ROAD
BOYNTON BEACH, FL 33436 US

Mailing Address
MATTSON, JOHANE J. BERNARD
10429 ST ANDREWS ROAD
BOYNTON BEACH, FL 33436 US

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0186210 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERNARD-MATTSON, JOHANE J
10429 ST. ANDREWS ROAD
BOYNTON BEACH, FL 33436

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000128218
 04/26/04-80027-015 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BERNARD-MATTSON, JOHANE J 10429 ST ANDREWS ROAD BOYNTON BEACH, FL |
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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)(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: Johane J. Bernard *President* 01/31/2004 561-734-1614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #