## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L62679 1. Entity Name PROFESSIONAL TRAVEL MANAGEMENT AND INCENTIVES, INC. Mailing Address Principal Place of Business MATTSON, JOHANE J. BERNARD

SIGNATURE:

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



## MATTSON, JOHANE J. BERNARD 10429 ST ANDREWS ROAD 10429 ST ANDREWS ROAD BOYNTON BEACH, FL 33436 US BOYNTON BEACH, FL 33436 01312004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0186210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNARD-MATTSON, JOHANE J DO NOT WRITE 10429 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000128218 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/26/04-80027-015 150.nr After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, ากของเล่า (ค.ก. เล่นที่ ก็เพียงใช้เหมืองที่ใช้ได้ก็การ การเพชิงตนานที่เล่ากูก การแกรม เกิดตัวเหมือ TITLE BERNARD-MATTSON, JOHANE J NAME STREET ADDRESS 10429 ST ANDREWS ROAD BOYNTON BEACH, FL CITY - ST- ZIP لكان الأركارة المنابخ المراكات أحد ركان بالمالياء المائم والترابطة فليتم بيميا بعديتها بمعارع المعارد المواج المعارد المرابط المرابطين TITLE NAME STREET ADDRESS angan kangan kangan mengan kangan diangan kangan dianggan kangan kangan kangan kangan kangan kangan kangan kan Kangan kanga CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP The section of the se MALLE STREET ADDRESS The second second CITY-ST-78 महरूपकार प्राप्त सम्बद्धाः स्वयंत्र स्वयंत्र स्वयं प्राप्त कर्षः प्राप्त स्वयंत्रीयस्थाः स्वयंत्रा स्वयंत्रा स mn€ NAME STREET ADDRESS 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.