

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70932

FILED
Jun 24, 2009
Secretary of State

Entity Name: BOCA GRANDE TRAVEL, INC.

Current Principal Place of Business:

380 EAST AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

410 PARK AVE.
BOCA GRANDE, FL 33921

Current Mailing Address:

PO BOX 536
380 EAST AVE
BOCA GRANDE, FL 33921 US

New Mailing Address:

PO BOX 536
410 PARK AVE.
BOCA GRANDE, FL 33921 US

FEI Number: 65-0200015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLK, DARRELL D.
380 EAST AVE.
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

B G TRAVEL
410 PARK AVE.
BOCA GRANDE, FL 33921 US

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.

SIGNATURE: ALVIN ROBERT IBA

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: POLK, DARRELL D.
Address: 380 E. AVE.
City-St-Zip: BOCA GRANDE, FL

Title: VS () Delete
Name: POLK, MARGARET D.
Address: 380 E. AVE.
City-St-Zip: BOCA GRANDE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ALVIN ROBERT IBA
Address: 410 PARK AVE.
City-St-Zip: BOCA GRANDE, FL 33921

Title: VS (X) Change () Addition
Name: NELL ADAMS-IBA
Address: 410 PARK AVE.
City-St-Zip: BOCA GRANDE, FL 33921

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN ROBERT IBA

PT

06/24/2009

Electronic Signature of Signing Officer or Director

Date