

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L76050

1. Entity Name

THE WESTMINSTER P.M. TRAVEL CO., INC.



FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90047 042 ***150.00

Principal Place of Business

C/O PATRICIA MARGARET EADS
604 N 3RD ST
JACKSONVILLE FL 32250

Mailing Address

C/O PATRICIA MARGARET EADS
604 N 3RD ST
JACKSONVILLE FL 32250

44040000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3037863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADS, PATRICIA MARGARET
16 LADYFISH STREET
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EADS, PATRICIA MARGARET	
STREET ADDRESS	16 LADYFISH STREET	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	EADS, JAMIE LOGAN	
STREET ADDRESS	16 LADYFISH ST	
CITY-ST-ZIP	PONTE VIEDRA BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARQUEZ, LARA VICTORIA	
STREET ADDRESS	611 PONTE VEDRA LAKES BLVD #2607	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EADS, DAVID D	
STREET ADDRESS	16 LAOFISH ST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia M Eads* **PATRICIA M. EADS** **PRESIDENT** **Mar 15 '04** **(904) 247-4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #