2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76050

FILED Apr 12, 2008 Secretary of State

Entity Name: THE WESTMINSTER P.M. TRAVEL CO., INC.

Current Principal Place of Business:		New Principal Place of Business:		
604 N 3RE				
ACKSON	IVILLE, FL 32	250		
Current Mailing Address:		New Mailing Address:		
604 N 3RE	RICIA MARGAF DIST IVILLE, FL 32			
El Number	: 59-3037863	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	TRICIA MARC	BARET		
	ISH STREET EDRA BEACH	, FL 32082 US		
PONTE VI	EDRA BEACH	,	purpose of changing its registere	ed office or registered agent, or both,
he above	EDRA BEACH named entity of Florida.	,	purpose of changing its registere	ed office or registered agent, or both,
he above the State	EDRA BEACH named entity of Florida. RE:	,		ed office or registered agent, or both, Date
PONTE VI The above In the State	EDRA BEACH named entity of Florida. RE: Electro	submits this statement for the		
PONTE VITE ABOVE In the State BIGNATUI	EDRA BEACH named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	gent	
PONTE VI The above In the State SIGNATUI Glection Car DFFICER ittle: lame: ddress:	e named entity e of Florida. RE: Electro mpaign Financin S AND DIRECTO	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete DIA MARGA, RET STREET	gent	Date
PONTE VITE ABOVE The above In the State SIGNATUI	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTO PD (EADS, PATRIC 16 LADYFISH PONTE VEDRA	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete CIA MARGA, RET STREET A BCH, FL) Delete LOGAN ST	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: PATRICIA M EADS PRES 04/12/2008