

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81567

FILED
Jan 27, 2009
Secretary of State

Entity Name: COLEMAN TRAVEL CORPORATION

Current Principal Place of Business:

4418 BEACON DR WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

PO BOX 350669
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-3011552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPA, GUIDO
4418 BEACON DR WEST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAPA, GUIDO
Address: 4418 BEACON DR WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: PAPA, PHILIP
Address: 4418 BEACON DR WEST
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUIDO PAPA

_____ Electronic Signature of Signing Officer or Director

PRES

01/27/2009

_____ Date