

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81567

FILED  
Feb 26, 2010  
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  
Name: PAPA, GUIDO  
Address: 4418 BEACON DR WEST  
City-St-Zip: JACKSONVILLE, FL 32225

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

I hereby 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 all other like empowered.

SIGNATURE: GUIDO PAPA

PRES

02/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date