

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90025 050 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L96016

1. Entity Name
TRAVEL FACILITATORS, INC.



Principal Place of Business

4550 BAY BLVD. 10422 0519
1222
PORT RICHEY, FL 34668

Mailing Address:

4550 BAY BLVD. 10422 0519
1222
PORT RICHEY, FL 34668
FL 34668

24003101



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3023974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLEN, WILLIAM A.
4550 BAY BLVD, SUITE 1222
PORT RICHEY, FL 34668
11364 MCNALLY DR
SPRING HILL, FL 34609.0000

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

2/4/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME MULLEN, WILLIAM A.
STREET ADDRESS 4550 BAY BLVD UNIT 1222
CITY - ST - ZIP PORT RICHEY, FL 34668 SPRING HILL FL 34609

TITLE DVS
NAME MULLEN, LISA J.F.C.
STREET ADDRESS 4550 BAY BLVD UNIT 1222
CITY - ST - ZIP PORT RICHEY, FL 34668 SPRING HILL, FL 34609

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE

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: William A. Mullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04
Date

Daytime Phone #