

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90091 005 \*\*\*150.00

**DOCUMENT # L96016**

1. Entity Name  
**TRAVEL FACILITATORS, INC.**



Principal Place of Business  
10422 US 19  
PORT RICHEY, FL 34668 US

Mailing Address  
10422 US 19  
PORT RICHEY, FL 34668 US

**20022896**



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3023974**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MULLEN, WILLIAM A.  
11364 MCNALLY DR  
SPRING HILL, FL 34609

**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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 DST**  
NAME MULLEN, WILLIAM A.  
STREET ADDRESS 11364 MCNALLY DR  
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE **DV8 DP**  
NAME MULLEN, LISA J.F.C.  
STREET ADDRESS 11364 MCNALLY DR  
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

**3/17/05**

Date

**352 797 0833**

Daytime Phone #