

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87875

**FILED**  
**Apr 07, 2005**  
**Secretary of State**

**Entity Name:** GOOD FRIENDS TRAVEL SERVICE, INC.

**Current Principal Place of Business:**

2328 N. HWY A1A  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

1345 N. HWY A-1-A  
UNIT 603  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

2328 N. HWY A1A  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

1345 N. HWY A-1-A  
UNIT 603  
INDIALANTIC, FL 32903 US

**FEI Number:** 59-2901176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERSON, ARTHUR B  
1406 SO RINVERSIDE DR  
INDIANATLANTIC, FL 32903 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: BEVERSTEIN, PATRICIA, J.  
Address: 1345 N HWY A1A UNIT 603  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 J. BEVERSTEIN

PRES

04/07/2005

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

\_\_\_\_\_  
Date