

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 23 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RS

DOCUMENT # M96502	
1. Entity Name SALES AND MARKETING OF RETAIL TRAVEL, INC.	



Principal Place of Business C/O JAMES F. WACKSMAN 3380 CAPITAL CIRCLE NE, STE 2 TALLAHASSEE, FL 32308	Mailing Address C/O JAMES F. WACKSMAN 3380 CAPITAL CIRCLE NE, STE 2 TALLAHASSEE, FL 32308
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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2908806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WACKSMAN, JAMES F 3380 CAPITAL CIRCLE, N.E. SUITE 2 TALLAHASSEE, FL 32308

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WACKSMAN, JAMES F 3380 CAPITAL CIR NE #2 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEEN, J V II 504 SWEETWATER CLUB CIR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, M L 302 3RD ST #1 NEPTUNE BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCHESCHI, LEE ANN 2909 IVANHOE RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600098564556
04/25/07--01038--006 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07

Date

850-385-3366

Daytime Phone #