

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -4 AM 8:30

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, SUITE 2
TALLAHASSEE, FL 32308 US

Mailing Address
C/O JAMES F. WACKSMAN
3380 CAPITAL CIRCLE NE, SUITE 2
TALLAHASSEE, FL 32308 US



09022008 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 ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WACKSMAN, JAMES F
3380 CAPITAL CIRCLE NE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
WACKSMAN, JAMES F
3380 CAPITAL CIR NE, SUITE 2
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KEEN, J V II
504 SWEETWATER CLUB CIR
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MILLER, M L
302 3RD ST, #1
NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FRANCHESCHI, LEE ANN
2909 IVANHOE RD
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400135964464
09/16/08--01020--002 **150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/08

Date

850-385-3366

Daytime Phone #