2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N93000005026

Entity Name: CENTRAL FLORIDA TRAVEL EXECUTIVES, INC.

Current Principal Place of Business:

PO BOX 540743
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PO BOX 540743
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-1424500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREWER, JANET E
P.O. BOX 533147
1100 EAST COLONIAL DRIVE
ORLANDO, FL 32853 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SHAMBLIN, TAMMY	
Address:	1547 LAWNDALE CIR.	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	VP	( ) Delete
Name:	CHRISTIAN, NANCY	
Address:	1027 GOLFSIDE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	FOWLER, PEGGY	
Address:	201 PERTH COURT	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	RYKACZEWSKI, JEAN	
Address:	4607 ALMARK DR.	
City-St-Zip:	ORLANDO, FL 32839	
Title:	VP	( ) Delete
Name:	DUCKWORTH, PAT	
Address:	7001 SKYLANE DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	PATERSON, ALBA	
Address:	600 NORTHERN WAY	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY SHAMBLIN P 04/28/2004

Electronic Signature of Signing Officer or Director — Date