## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # P0000007521  1. Entity Name SHIP TO SHORE TRAVEL, INC.					O4-14-2005 90092 043 ***158.75			
Principal Place of Busi	ness	Mailing Address			7		•	
102 0,11100 71121 0117422		_1295 LANDS END RD	295 LANDS END RD					
BOYNTON BEACH, FL 33436 A BOYNTON BEACH, FL 334			33436			• • • • • • • • • • • • • • • • • • •	11 <b>80</b> 40 <b>80</b> 44 <b>808</b> 1 <b>8</b> 40 <b>0</b> 14 <b>00</b> 14	[]
2. Principal Place of Business		3. Mailing Address 192 CitRus 18		PAIRS CIRC				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282005	Chg-P	CR2E034 (10/03)	
City & State		BOYNTON BEACK			4. FEI Numb 65-098		N	oplied For ot Applicable
Zip	Country	<sup>26</sup> 33436_	Coun	try		of Status Desired	\$8.75 Adi Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
BRIGNOLA, ROSE MARIE 192 CITRUS TRLS. CIRCLE BOYNTON BEACH, FL. 33436				Street Address (P.O. Box Number is Not Acceptable)				
		٠.	City			FL Zip Coo	ie	
	entity submits this statement for the	he purpose of changing its	register	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am familiar with	and accept
the obligations of re	egistered agent.							
SIGNATURESignature,	typed or printed name of registered agent and	title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)	•	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fire Trust Fund Contribution					5.00 May Be			
10.	OFFICERS AND DI	RECTORS	11.		LODITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE P		·			ADDITIONS			RS IN 11
	NAME BRIGNOLA, ROSE MARIE			E	ADDITIONS		☐ Change	RS IN 11
STREET ADDRESS 192 CITRUS TRLS. CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33436			TITLI NAM STRE	E IE	ADDITIONS	•		
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12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j). 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

IGNATURE AND TYPED ON PRINTED MAME OF SIGNING ON PICE OR DIRECTOR

ender 4-11-05 SU-585-4434