## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2006 08:00 AM Secretary of State

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1. Entity Name

PRO TOUR PROPERTY, TRAVEL AND MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

1633 PERIWINKLE WAY STE A SANIBEL, FL 33957 1633 PERIWINKLE WAY STE A SANIBEL, FL 33957



01032006

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	65-1039506

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J 1633 PERIWINKLE WAY STE A SANIBEL, FL 33957

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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. 1 am familiar with, and accept the obligations of registered agent.							
SIGNATURE_	SIGNATURE   Signature, typod or printed name of registered agent and tise if applicable. (INOTE: Registered Agent signature required when reinstating) DATE						
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			<del>*************************************</del>		
MLE	PD		•				
NAME	GOLLIN, GERHARD	1.					
STREET ADDRESS	BRUNO TAUT STR 12	1		A STATE OF THE STATE OF	717/24/06-80003-001 150.00		
CITY- ST-ZIP	12524 BERLIN GERMANY,						
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CITY-ST-ZIP	12524 BERLIN GERMANY,	<b>S</b>		•			
TITLE	D						
NAME	MURTY, TIMOTHY J	1					
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CCTY-ST-ZIP				والمعارضية والمراوي ومراوي والمراج والمراجر سرام	هملته فالمنافي المملك المواجع فالمستوافق والمعافدات الرابي الأوازي والأراب الرياسي والماستيجية		
TITLE							
NAME		1					
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CITY-ST-ZIP					The second of th		
12. I hereby of indicated	certify that the information supplied with this till on this report or supplemental report is true;	iling does not qualify for the exemption and accurate and that my signature s	ons co	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information ect as it made under oath; that I am an officer or director		

12. Hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Plottola Statutes. I forther beinly 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:

EN ON PROTTED NAME OF BIGHING OFFICER OR CHRECTOR

01-05-2006

239-472/001

Daytime Phone #