

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # P00000084858

1. Entity Name
**PRO TOUR PROPERTY, TRAVEL AND MANAGEMENT
SERVICES, INC.**



Principal Place of Business
**1633 PERIWINKLE WAY STE A
SANIBEL, FL 33957**

Mailing Address
**1633 PERIWINKLE WAY STE A
SANIBEL, FL 33957**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1039506

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$850.00**

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

**000000812579
02/12/08-80055-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLLIN, GERHARD
STREET ADDRESS	BRUNO TAUT STR 12
CITY- ST- ZIP	12524 BERLIN GERMANY,
TITLE	VSTD
NAME	GOLLIN, EDELTRAUD
STREET ADDRESS	BRUNO TAUT STR 12
CITY- ST- ZIP	12524 BERLIN GERMANY,
TITLE	D
NAME	MURTY, TIMOTHY J
STREET ADDRESS	1633 PERIWINKLE WAY, SUITE A
CITY- ST- ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. GOLLIN - PRESIDENT 01-29-2008 239-472 1090

Date

Daytime Phone #