

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000109709

1. Entity Name
WORLD CLASS CRUISES AND TOURS INCORPORATED



Principal Place of Business
**2621 WESTWOOD AVENUE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**2621 WESTWOOD AVENUE
NEW SMYRNA BEACH, FL 32168**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3688810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **YELVINGTON, LINDA**
STREET ADDRESS **2621 WESTWOOD AVENUE**
CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **D**
NAME **YELVINGTON, WAYNE**
STREET ADDRESS **2621 WESTWOOD AVENUE**
CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **D**
NAME **STIVERS, JANE**
STREET ADDRESS **217 PUEBLO STREET**
CITY-STATE-ZIP **TAVERNIER, FL 33070**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000578465
01/09/07-80030-014 150.00

**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: Linda Yelvington Linda Yelvington 1-4-07 386-409-5369

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #