

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90064 034 ***150.00

DOCUMENT # P01000000541 1. Entity Name PERSONAL TOUCH TOURS, INC.					
Principal Place of Business 1146 HAVENDALE BLVD WINTER HAVEN, FL 33881			Mailing Address 1146 HAVENDALE BLVD WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3690454	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SZYMCIK, JOYCE A 1146 HAVENDALE BLVD. WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name PETSCHOW, JEAN T. Street Address (P.O. Box Number is Not Acceptable) 1146 Havendale Blvd. City Winter Haven FL Zip Code	
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 <u><i>Jean T. Petschow</i></u> DATE <u>4-30-07</u> 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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D. MOBLEY, GEORGE W 4020 VINSON RD. LAKELAND, FL 33810	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV PETSCHOW, JEAN T. P.O.Box 330 Antilla Street Lakeland, FL 33805
☐ Change ☒ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, DALE 237 RUTH BOULEVARD LONGWOOD, FL 32750	☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DSTV SZYMCIK, JOYCE A 9 B MOORE RD. HAINES CITY, FL 33844	☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: <u><i>Jean T. Petschow</i></u> DATE <u>4-30-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40104091



04262007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000541

1. Entity Name
PERSONAL TOUCH TOURS, INC.



ATTACHMENT

40104091

Principal Place of Business
1146 HAVENDALE BLVD
WINTER HAVEN, FL 33881

Mailing Address
1146 HAVENDALE BLVD
WINTER HAVEN, FL 33881

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3690454

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SZYMCZYK, JOYCE A
1146 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

Name **PETSCHOW, JEAN T.**

Street Address (P.O. Box Number is Not Acceptable)

1146 Havendale Blvd.

City **Winter Haven**

FL

Zip Code

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

Jeane T. Petschow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MOBLEY, GEORGE W**
STREET ADDRESS **4020 VINSON RD.**
CITY- ST- ZIP **LAKELAND, FL 33810**

TITLE **DV** ☐ Change ☒ Addition
NAME **PETSCHOW, JEAN T.**
STREET ADDRESS **P.O. Box**
CITY- ST- ZIP **330 Antilla Street**

TITLE **D** ☒ Delete
NAME **MILLER, DALE**
STREET ADDRESS **237 RUTH BOULEVARD**
CITY- ST- ZIP **LONGWOOD, FL 32750**

TITLE ☐ Change ☐ Addition
NAME **Lakeland, FL 33805**
STREET ADDRESS
CITY- ST- ZIP

TITLE **DSTV** ☒ Delete
NAME **SZYMCZYK, JOYCE A**
STREET ADDRESS **9 B MOORE RD.**
CITY- ST- ZIP **HAINES CITY, FL 33844**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Jeane T. Petschow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

Daytime Phone



ATTACHMENT 40104091
#001000000541

Employer's Name PERSONAL TOUCH TOURS INC.

CSOL
UCT-6A

Preparer's Identification Information

Page 1 of 1

493-42-7942

2319714	593690454	107	0
266660708	BRAGG	BRENDA	T 595800
263336508	HARTLINE	CYNTHIA	A 106400
215407604	ISAACS	BARBARA	J 113300
294366460	MIKELS	SHARON	K 70650
214469745	MOBLEY	GEORGE	W 102400
262554434	MORA	MARYE	D 27500
589024248	SHIVER	AMANDA	A 39200
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