2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064080

Entity Name: C.C.S. TRAVEL, INC.

FILED Apr 20, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2180 EMPI KISSIMME	EROR DR E, FL 34744					
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
2180 EMPEROR DR KISSIMMEE, FL 34744				2180 EMPEROR DR KISSIMMEE, FL 34744		
FEI Number: 59-3730844		FEI Number Applied For ()	FEI Number Not Applicable () Ce		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LEATHER 2180 EMPI KISSIMME		US				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR						
	Electror	ic Signature of Registered Ag	gent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () CRAGG, STEW 16THE GLEN, BOLTON,, LA E		Title: Name: Address: City-St-Zip:	MD (LEATHER, DA 2180 EMPER KISSIMMEE,	OR DR	
Title: Name: Address: City-St-Zip:	D () CRAGG, BARB 16 THE GLEN, BOLTON,, LA		Title: Name: Address: City-St-Zip:	D (LEATHER, BF 2180 EMPER KISSIMMEE,	OR DR	
Title: Name: Address: City-St-Zip:	D (X) LEATHER, DAV 2180 EMPERO KISSIMMEE, FI	R DR	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name:	D (X) LEATHER, BRE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID LEATHER MD 04/20/2009

KISSIMMEE, FL 34744 US

City-St-Zip: