2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000091841

1. Entity Name
PORT ORANGE TRAVEL, INC.

Principal Place of Business	Mailing Address
620 DUNLAWTON AVENUE PORT ORANGE, FL 32127	620 DUNLAWTON AVENUE PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

01162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3754626	Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, PATRICA
620 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   2-10-04

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, 2004 Fee will be $550.00

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

U00000050809

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLEY, PATRICA A
STREET ADDRESS	11 LAZY EIGHT DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   2-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #