## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 11, 2005 08:00 AM **DOCUMENT # P02000009245 Secretary of State** MARÍE TIPPETT TRAVEL, INC. Principal Place of Business Mailing Address 3095 S MILITARY TR 3095 S MILITARY TR LÅKE WORTH, FL 33463-2108 LAKE WORTH, FL 33463-2108 No Chg-P CR2E034 (10/03) 06302005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0580140 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VASSALOTTI, NICHOLAS S DO NOT WRITE 8361 S.E. DOUBLE TREE DR. HOBE SOUND, FL 33455 IN THIS SPACE 3. 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 sonature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PD TITLE TIPPETT, CHARLES B NAME STREET ADDRESS 3095 S MILITARY TRAIL U000000371758 CITY-ST-ZIP LAKE WORTH, FL 33463 07/11/05-80003-019 158.75 MR TIFLE NAME TIPPETT, CHARLES B PD STREET ADDRESS 3095 S MILITARY TRAIL CITY-ST-ZIP LAKE WORTH, FL 33463 VP TITLE MARIE, TIPPETT L VP NAME STREET ADDRESS 3095 S. MILITARY TRAIL DO NOT WRITE LAKE WORTH, FL 33463 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: Thaire Support

STREET ADDRESS CITY-ST-ZIP

> 7/7/65 Delt

561-434-2880

FILED