

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000019393

1. Entity Name
DTR TRAVEL RETAIL, INC.



FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90039 039 ***150.00

Principal Place of Business
1166 KANE CONCOURSE
SUITE 300
BAY HARBOR ISLANDS, FL 33154 US

Mailing Address
1166 KANE CONCOURSE
SUITE 300
BAY HARBOR ISLANDS, FL 33154 US



DO NOT WRITE IN THIS SPACE

01282005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0605445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN GARNER
1166 KANE CONCOURSE, STE #300
BAY HARBOR ISLAND, FL 33154

**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.

JOHN GARNER

(NOTE: Registered Agent signature required when reinstating)

2/09/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KLEPACH, BERNARD
STREET ADDRESS	1166 KANE CONCOURSE, SUITE 300
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(b), 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:

JOHN GARNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

305-864-5788

Daytime Phone #