2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023875

FILED Sep 02, 2004 Secretary of State

Entity Nan	ne: HAVERKA	MP TRAVEL SERVICES, INC			
Current Pr	incipal Place	of Business:	New Princ	ipal Place of Business:	
3936 ANDO ORLANDO	OVER CAY BLV , FL 32825	/D			
Current Mailing Address:			New Maili	New Mailing Address:	
3936 ANDO ORLANDO	OVER CAY BLV , FL 32825	/D			
FEI Number:	45-0468021	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1116	MARILYN K NANA RIVER ANERAL, FL				
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	е.	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HAVERKAMP, D 3736 ANDOVER ORLANDO, FL	CAY BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () WENDELL, LYN 3936 ANDOVER ORLANDO, FL	CAY BLVD	Title: Name: Address: City-St-Zip:	V (X) Change () Addition HAVERKAMP, LYNDA E 3936 ANDOVER CAY BLVD ORLANDO, FL 32825	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LYNDA E. HAVERKAMP V 09/02/2004