

**2005**  
**2004 FOR PROFIT CORPORATION**  
**ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90235 037 \*\*\*150.00

**DOCUMENT # P02000034768**

1. Entity Name  
**A & T TRAVEL & TOURS, INC.**



Principal Place of Business  
**5601 TIMUQUANA ROAD  
JACKSONVILLE FL 32210**

Mailing Address  
**5601 TIMUQUANA ROAD  
JACKSONVILLE FL 32210**

**14008564**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
**10957 ATLANTIC BLVD**  
Suite, Apt. #, etc.  
**SUITE E**  
City & State  
**JACKSONVILLE, FL**  
Zip  
**32225** Country  
**DUVAL**

3. Mailing Address  
**10957 ATLANTIC BLVD.**  
Suite, Apt. #, etc.  
**SUITE E**  
City & State  
**JACKSONVILLE, FL**  
Zip  
**32225** Country  
**DUVAL**

4. FEI Number  
**32-0095179** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALMOJERA, BELLE B M.D.  
340 DEVONSHIRE LANE  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent  
Name  
**NOEL R. TORMON**  
Street Address (P.O. Box Number is Not Acceptable)  
**2052 WATERFOOT LANE**  
City  
**JACKSONVILLE** FL Zip Code  
**32246**

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 **NOEL R. TORMON** **PRES.** **NOEL R. TORMON SEC. TREASURER** **4/25/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALMOJERA, BELLE B MD 340 DEVONSHIRE LANE ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORMON, MOEL R 2052 WATERFRONT LANE JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ARLENE WEIRICH</b> <b>2052 WATERFOOT LANE</b> <b>JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AILEEN TORMON</b> <b>2052 WATERFOOT LANE</b> <b>JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NEIL A. TORMON</b> <b>2052 WATERFOOT LANE</b> <b>JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **NOEL R. TORMON** **PRES.** **NOEL R. TORMON** **4/25/05** **904-997-9797**