

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

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 049 ***150.00

DOCUMENT # *P02000034768*

1. Entity Name

A & T TRAVEL & TOURS, INC.



DO NOT WRITE IN THIS SPACE

20031924

2. Principal Place of Business

9951 ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE 167

City & State

JACKSONVILLE, FLORIDA

3. Mailing Address

9951 ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE 167

City & State

JACKSONVILLE, FLORIDA

CR2E034B (8/05)

4. FEI Number

32-0095179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NOEL R. TURMON

Street Address (P.O. Box Number is Not Acceptable)

2052 WATER FOOT LANE

City

JACKSONVILLE

FL

Zip Code

32246

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE	<i>P/S</i>
NAME	<i>NOEL R. TURMON</i>
STREET ADDRESS	<i>2052 WATER FOOT LANE</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32246</i>
TITLE	<i>D</i>
NAME	<i>ALICE TURMON</i>
STREET ADDRESS	<i>2052 WATER FOOT LANE</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32246</i>
TITLE	
NAME	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Noel R. Turmon PRES.

4/10/06

Date

904-725-1114

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR