

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044129

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: CHAMPAGNE TRAVEL, INC.

## Current Principal Place of Business:

9071 OLDE HICKORY CIR  
FT MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

9071 OLDE HICKORY CIR  
FT MYERS, FL 33912

## New Mailing Address:

FEI Number: 03-0430421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTALBANO, JOANN  
9071 OLDE HICKORY CIR  
FT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete  
Name: MONTALBANO, JO ANN  
Address: 9071 OLDE HICKORY CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: P ( ) Delete  
Name: D'ANGELO, KAREN  
Address: 14381 HICKORY FAIRWAY CT  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOANN MONTALBANO

VP

02/02/2006

Electronic Signature of Signing Officer or Director

Date