

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000044129

**Entity Name:** CHAMPAGNE TRAVEL, INC.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOANN MONTALBANO

VP

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date