



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 027 ***150.00

DOCUMENT # P02000059760 1. Entity Name PASSPORT - A TASTE OF EUROPE, INC.					
Principal Place of Business 600 N. THACKER AVENUE SUITE C-13 KISSIMMEE, FL 34741			Mailing Address 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801		
2. Principal Place of Business 5950 HAZELTINE National DR		3. Mailing Address 20 N. ORANGE AVE		 04192004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Suite 290		Suite, Apt. #, etc. Suite 407			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32822		Zip 32801			
Country USA		Country USA		4. FEI Number 13-4204717	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 407 City FL Zip Code					
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 <u><i>St. Stoner</i></u> DATE <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HARLE, ALFRED 600 N. THACKER AVENUE SUITE C-13 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 5950 HAZELTINE National DR, STE 290 ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHMIDT, MANFRED 600 N. THACKER AVENUE SUITE C-13 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5950 HAZELTINE NATIONAL DR, STE 290 ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTOPHER R. THOMAS 5950 HAZELTINE NATIONAL DR, STE 290 ORLANDO, FL 32822		P CHRISTOPHER R. THOMAS 5950 HAZELTINE NATIONAL DR, STE 290 ORLANDO, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
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: <u><i>Ch. R. Thomas</i></u> DATE <u>4/19/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					