2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

04-29-2008 90096 034 ***150.00

DOCUMENT # P02000101512

1. Entity Name

ENCORE TRAVEL/TRANSPORTATION CORP.

Principal Place of Business	Mailing Address
9260 COVE POINT CIRCLE BOYNTON BEACH FL 33437	9260 COVE POINT CIRCLE BOYNTON BEACH FL 33437
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 30-0179857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEAHY, MARYANN
9260 COVE POINT CIRCLE
BOYNTON BEACH FL 33311

7. Name and Address of New Registered Agent

Name

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

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 Mary Ann Leahy 4/14/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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

TITLE	PST	☐ Delete
NAME	LEAHY, DENNIS	
STREET ADDRESS	9260 COVE POINT CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	☐ Delete
NAME	LEAHY, MARY ANN	
STREET ADDRESS	9260 COVE POINT CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mary Ann Leahy - President 5/19/08 561-735-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #