


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000119159</b>	
1. Entity Name TRAVEL COUNTRY TOURS, INC.	

Principal Place of Business P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715-1117	Mailing Address P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715-1117
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1065638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STEINER, LAWRENCE R 797 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000877617 04/14/08-80021-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANTE, MICHAEL PO BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANTE, SUSAN PO BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLANTE, LARRY PO BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLANTE, STEPHEN PO BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemptions contained 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 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 fees empowered.

SIGNATURE: M. Plante President 3/31/08 407-831-0778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael Plante