

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000126239

1. Entity Name
HOLIDAY TRAVEL & TOURS, INC.



Principal Place of Business
8617 E. COLONIAL DR.
STE 1200
ORLANDO, FL 32817

Mailing Address
8617 E. COLONIAL DR.
STE 1200
ORLANDO, FL 32817



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1640092

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OROSA, ANA M
2224 WOODS EDGE CIR.
ORLANDO, FL 32817

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OROSA, ANA M
STREET ADDRESS	2224 WOODS EDGE CIR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000582551
05/19/06-80057-016 150.00

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06 4042772777
Date Daytime Phone #