

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90318 029 \*\*\*150.00



**DOCUMENT # P03000041615**

1. Entity Name  
**R.V. TOURS, INC.**

Principal Place of Business  
**32838 STATE ROAD 44  
 DELAND FL 32720**

Mailing Address  
**32838 STATE ROAD 44  
 DELAND FL 32720**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**377 WOODY LANE**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State  
**ASHEVILLE, NC**

4. FEI Number **01-0808239** Applied For  
 Not Applicable

Zip **28804** Country **U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLOYD, BRUCE W  
 840 W NEW YORK AVE  
 DELAND FL 32720**

Name **PENNY L. SIMMS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**32838 STATE ROAD 44**  
 City **DELAND FL** Zip Code **32720**

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 *Penny L Simms* **Penny L Simms RA** **4/9/05**  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELLIOTT, LYMAN D</b> <b>840 W NEW YORK AVE</b> <b>DELAND FL 32720</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCELLE L. MARTIN</b> <b>377 WOODY LANE</b> <b>ASHEVILLE, N.C. 28804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>xxx p/s/t</del> <b>GISELE LAWRENCE</b> <b>32838 STATE ROAD 44</b> <b>DELAND, FLA 32720</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gisele Lawrence* **GISELE LAWRENCE**, **4/09/05** **352-357-0918**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #