

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Roberts MAY 02 7 4

FILED  
05 APR 28 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **68-0579760** Applied For  
APPLIED FOR Not Applicable

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

SCRUGGS, CHARLES B  
974 RICHARDSON RD  
TALLAHASSEE, FL 32301

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 \_\_\_\_\_  
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**

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

## 10. OFFICERS AND DIRECTORS

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

TITLE NAME ☐ Delete  
NAME SCRUGGS, CHARLES B  
STREET ADDRESS 974 RICHARDSON RD  
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: *Charles B. Scruggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

850-578-4701

Daytime Phone if

**SALES AND MARKETING OF RETAIL TRAVEL**

PHONE (904) 385-3366  
3380 CAPITAL CIRCLE, N.E.  
TALLAHASSEE, FL 32308

**30495**

CHECK NO.

**30495**

PEOPLES FIRST FINANCIAL SAVINGS & LOAN  
TALLAHASSEE, FL 32301

63-9022  
2632

DATE

**4/25/05**

AMOUNT

**\$150.00**

Florida Department of State  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

**NOT NEGOTIABLE**

⑈030495⑈ ⑈263290220⑈ ⑈60000063429⑈

**SALES AND MARKETING OF RETAIL TRAVEL** 3380 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308

DATE		GROSS	COMM.	NET REMITTANCE
4/25/05	Sales & Marketing of Retail Travel Document # M96502	\$150.00		\$150.00
<div>Ch...</div> <b>NOT NEGOTIABLE</b>				