


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-22-2004 90071 030 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P03000105617 1. Entity Name TRAVELPARTNERS USA, INC. | | | |  | |
| Principal Place of Business 6150 DIAMOND CENTER COURT BUILDING 200 FORT MYERS, FL 33912 | | | Mailing Address 6150 DIAMOND CENTER COURT BUILDING 200 FORT MYERS, FL 33912 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 20-0251841 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MOORE, JOHN L. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | | | 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 _____ (NOTE: Registered Agent signature required when releasing) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS MATTY, WILLIAM C JR 7891 CLASSICS COURT NUMBER 202 ESTERO, FL 33928 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT HARP, FRANK R 29 GALENTE COURT FORT MYERS, FL 33912 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIBSON, JAMES E 8109 MIDNIGHT PASS ROAD SARASOTA, FL 34242 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied on this 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 liquidator thereof; and that the information is true and accurate 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 a list of names and addresses like in Block 10 or Block 11 if changed. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND BLOCK OF PRINTED NAME OF OFFICER OR DIRECTOR</small> | | | Date 3-16-04 Daytime Phone # 239 561 8891 | | |

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02102004 Chg-P CR2E034 (10/03)