


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 042 ***150.00

DOCUMENT # P03000118665	
1. Entity Name GERMAN TRAVEL SERVICE, INC.	

Principal Place of Business 1655 YELLOW HEART WAY HOLLYWOOD, FL 33019	Mailing Address 1655 YELLOW HEART WAY HOLLYWOOD, FL 33019
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40050759



2. Principal Place of Business - No P.O. Box # 10612 SW 45th AVENUE	3. Mailing Address 10612 SW 45th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03312007 Chg-P CR2E034 (12/06)

City & State OCALA, FLORIDA	City & State OCALA, FLORIDA
Zip 34476-4271	Zip 34476-4271
Country	Country

4. FEI Number
20-0386809

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent DIGNASS, DORIT 1655 YELLOWHEART WAY HOLLYWOOD, FL 33019	
7. Name and Address of New Registered Agent Name DIGNASS, DORIT Street Address (P.O. Box Number is Not Acceptable) 10612 SW 45th AVENUE City OCALA FL Zip Code 34476-4271	

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 *Dorit Dignass* **DORIT DIGNASS** VP 04-01-2007
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIGNASS, KLAUS 1655 YELLOWHEART WAY HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIGNASS, KLAUS 10612 SW 45 th AVENUE OCALA, FL 34476-4271 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *Dorit Dignass* **DORIT DIGNASS** 04-01-2007 (352) 854-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #