

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90044 042 ***150.00

DOCUMENT # P03000147633					
1. Entity Name FEELGOOD TRAVEL AGENCY, INC.					
Principal Place of Business 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480			Mailing Address 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480		
2. Principal Place of Business 1100 Lee Wagener Blvd.		3. Mailing Address 1100 Lee Wagener Blvd.			
Suite, Apt. #, etc. Ste 206		Suite, Apt. #, etc. Ste 206			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33315	Country US	Zip 33315	Country US	03092004 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0471822				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 PILOTTE, FRANK T ESQ. 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480			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 reinstating) 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	D LANGSTON, KENNETH Q W 4130 N.E. 23RD AVENUE LIGHTHOUSE POINT, FL 330647344		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Berry, Frank 1100 Lee Wagener Blvd Ste 206 Ft. Lauderdale, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daniel Carrigan 1100 Lee Wagener Blvd., Ste 206 Ft. Lauderdale, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D McCloskey, Louis 1615 Forum Place, Ste 1-A W. Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Troy, Daniel 1100 Lee Wagener Blvd, Ste 206 Ft. Lauderdale, FL 33315	
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: X			3/24/04 954-359-4178		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		