

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90024 013 \*\*\*150.00

**DOCUMENT # P03000152645**

1. Entity Name  
**NANCY'S TRAVEL SERVICES, INC.**



Principal Place of Business  
**5 QUAIL LANE  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**5 QUAIL LANE  
JACKSONVILLE BEACH, FL 32250**

**40035214**



2. Principal Place of Business - No P.O. Box #

**4300 South Beach Hwy  
Suite, Apt. #, etc.  
1101**

3. Mailing Address

**4300 South Beach Hwy  
Suite, Apt. #, etc.  
1101**

03112007 Chg-P CR2E034 (12/06)

City & State

**Jacksonville Beach FL**

City & State

**Jacksonville Beach FL**

4. FEI Number  
**20-0492390**

Applied For  
Not Applicable

Zip  
**32250**

Country  
**USA**

Zip  
**32250**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**NELSON, NANCY  
5 QUAIL LANE  
JACKSONVILLE BEACH, FL 32250**

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

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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MRS  
NELSON, NANCY J  
5 QUAIL LANE  
JACKSONVILLE BEACH, FL 32250**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: Nancy J Nelson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07  
Date

9042852222  
Daytime Phone #