


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 012 ***150.00

DOCUMENT # P04000035510	
1. Entity Name TOURS4SUCCESS, INC.	

Principal Place of Business 4016 CORTEZ RD W #1104 BRADENTON, FL 34210	Mailing Address 4016 CORTEZ RD W #1104 BRADENTON, FL 34210
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50015433



2. Principal Place of Business 6150 E SR 70	3. Mailing Address 6150 E SR 70
Suite, Apt. #, etc.	Suite, Apt. #, etc.

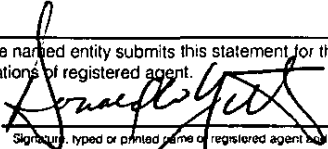
02102005 Chg-P CR2E034 (10/03)

City & State BRADENTON, FLORIDA	City & State BRADENTON, FLORIDA
Zip 34203	Country USA

4. FEI Number 41-2133514	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 BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11 ST W BRADENTON, FL 34205	
7. Name and Address of New Registered Agent Name DONALD W. YETTER, P.A. Street Address (P.O. Box Number is Not Acceptable) 1111 NINTH AVENUE WEST SUITE B City BRADENTON FL Zip Code 34205	

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  **DONALD W. YETTER, Esquire** February 10, 2005

Signature typed or printed name of registered agent has 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. <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	<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	<input 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 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:  **THOMAS D. GREEN** February 10, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #