2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055386

CAREY, BENNIE W

PENSACOLA, FL 32502

313 SOUTH PALAFOX STREET

Name:

Address:

City-St-Zip:

Entity Name: SPRINGDALE TRAVEL OF FLORIDA, INC.

FILED Jul 15, 2007 Secretary of State

•		,		
Current Principal Place of Business:			New Principal Place of Business:	
313 SOUTH F PENSACOLA		REET		
Current Mailing Address:			New Mailing Address:	
313 SOUTH F PENSACOLA		REET		
FEI Number: 20	-0938812	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and A	ddress of Cı	ırrent Registered Agent:	Name and Address of	New Registered Agent:
MATTHEWS, 308 SOUTH C PENSACOLA	JEFFERSON , FL 32502	STREET US	ourness of changing its registered	office or registered agent or both
in the State of		iomits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATURE:				
	Electroni	Signature of Registered Ag	ent	Date
		(2)(b), F.S., the corporation did no	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Name: B Address: 3	D () I ENDER, ROBE 13 SOUTH PAL ENSACOLA, FL	AFOX STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition
Name: H Address: 3	D (X) ERMAN, TRAC' 13 SOUTH PAL ENSACOLA, FL	AFOX STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition
Name: C Address: 3	T () I APE, STEPHEN 13 SOUTH PAL ENSACOLA, FL	AFOX STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: D	() [Delete	Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT H BENDER PD 07/15/2007