


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90428 028 ***150.00

DOCUMENT # P04000084802 1. Entity Name VILANO TRAVEL & TOURS, INC.					
Principal Place of Business 155 VILANO ROAD (OFFICE) ST. AUGUSTINE, FL 32084			Mailing Address 155 VILANO ROAD (OFFICE) ST. AUGUSTINE, FL 32084		
2. Principal Place of Business P.O. Box 649 Suite, Apt. #, etc.			3. Mailing Address P.O. Box 649 Suite, Apt. #, etc.		
City & State St. Augustine FL		City & State St. Augustine FL		4. FEI Number 25-1911879	
Zip 32085		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNING, VIVIAN 155 VILANO ROAD (OFFICE) ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name BROWNING, Vivian Street Address (P.O. Box Numbers Not Acceptable) 40 BEACHCOMBER Way City St. Augustine FL Zip Code 32084	
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 Vivian Browning (NOTE: Registered Agent signature required when reinstating) 4/25/2006					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P BROWNING, VIVIAN 40 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWNING, VIVIAN C. 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAINWATER, SANDRA A. 222 PRESIDENTS'S CUP WAY # 205 SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jacqueline Johns <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40 BEACHCOMBER Way ST. AUGUSTINE FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAINWATER, SANDRA A. 222 PRESIDENT'S CUP WAY # 205 SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jacqueline Johns <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40 BEACHCOMBER Way ST. AUGUSTINE, FL 32084	
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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: Vivian Browning as President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VIVIAN BROWNING			4/25/2006 (904) 501-5891 Date Daytime Phone #		

50018247



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