

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000136181

1. Entity Name  
EXUMA TRAVEL, INC.



Principal Place of Business  
1931 IMPERIAL GOLF COURSE BLVD.  
NAPLES, FL 34110

Mailing Address  
1931 IMPERIAL GOLF COURSE BLVD.  
NAPLES, FL 34110



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0731526

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BARTON, JAMES F  
STREET ADDRESS 1931 IMPERIAL GOLF COURSE BLVD.  
CITY-ST-ZIP NAPLES, FL 34110

TITLE VD  
NAME BARTON, G. PAUL  
STREET ADDRESS 1931 IMPERIAL GOLF COURSE BLVD.  
CITY-ST-ZIP NAPLES, FL 34110

TITLE STD  
NAME SANDS, RONALD P  
STREET ADDRESS 1931 IMPERIAL GOLF COURSE BLVD.  
CITY-ST-ZIP NAPLES, FL 34110

TITLE S  
NAME BARTON, VICKY S  
STREET ADDRESS 1931 IMPERIAL GOLF COURSE BLVD.  
CITY-ST-ZIP NAPLES, FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** James F. Barton

7/10/06

(281) 443-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #