

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000139587**

1. Entity Name  
**NEXGEN TRAVEL DISTRIBUTION, INC.**



Principal Place of Business  
**766 SOUTH OSPREY AVENUE  
SUITE 5  
SARASOTA, FL 34236**

Mailing Address  
**766 SOUTH OSPREY AVENUE  
SUITE 5  
SARASOTA, FL 34236**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1729232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**HALL, M. LEWIS III  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236**

**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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000819667  
02/15/08-80091-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES HUTSON, LAWRENCE 766 SOUTH OSPREY AVENUE, SUITE 5 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC LOSEY, MARIA 766 SOUTH OSPREY AVENUE, SUITE 5 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA LOSEY, MARIA 766 SOUTH OSREY AVENUE, SUITE 5 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Maria Losey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIA LOSEY**

**2/4/08**  
Date

Daytime Phone # \_\_\_\_\_