

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90164 034 \*\*\*158.75

<b>DOCUMENT # P04000160519</b> 1. Entity Name <b>FAYE REFOUR TRAVEL, TOUR AND EVENTS INC.</b>					
Principal Place of Business <b>5170 COLLINS ROAD BUILDING 502 JACKSONVILLE, FL 32244 US</b>			Mailing Address <b>5170 COLLINS ROAD BUILDING 502 JACKSONVILLE, FL 32244 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. ES Number <b>83-0427471</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>REFOUR, FAYE 5170 COLLINS ROAD BUILDING 502 JACKSONVILLE, FL 32244</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <i>Faye Refour</i> <span style="float: right;">4/28/2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REFOUR, FAYE</b> <b>5170 COLLINS ROAD BUILDING 502</b> <b>JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>REFOUR, FAYE</b> <b>5170 COLLINS ROAD BUILDING 502</b> <b>JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>REFOUR, FAYE</b> <b>5170 COLLINS ROAD BUILDING 502</b> <b>JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REFOUR, FAYE</b> <b>5170 COLLINS ROAD BUILDING 502</b> <b>JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Faye Refour</i> <span style="float: right;">4/28/2005 904-269-6601</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		