

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 001 \*\*\*150.00

**DOCUMENT # P04000168150**

1. Entity Name  
**NO ADDRESS TOURING, INC.**



Principal Place of Business  
**3050 BARCLAY COURT  
TALLAHASSEE, FL 32309**

Mailing Address  
**PO BOX 896  
PINE BROOK, NJ 07058**

**50020493**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**20-2091184**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUREN, BENJAMIN	
STREET ADDRESS	18 HOOK MOUNTAIN ROAD BOX 896	
CITY- ST- ZIP	PINE BROOK, NJ 07058	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, JUSTIN	
STREET ADDRESS	18 HOOK MOUNTAIN ROAD BOX 896	
CITY- ST- ZIP	PINE BROOK, NJ 07058	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORETON, PHILIP	
STREET ADDRESS	18 HOOK MOUNTAIN ROAD BOX 896	
CITY- ST- ZIP	PINE BROOK, NJ 07058	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, RANDY	
STREET ADDRESS	18 HOOK MOUNTAIN ROAD BOX 896	
CITY- ST- ZIP	PINE BROOK, NJ 07058	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, WILLIAM	
STREET ADDRESS	18 HOOK MOUNTAIN ROAD BOX 896	
CITY- ST- ZIP	PINE BROOK, NJ 07058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT # P04000168150  
50020493



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## ANNUAL REPORT NOTICE

1164111 01 AT 0.183 \*\*AUTO T7 0 1201 07058-0896



NO ADDRESS TOURING, INC.  
PO BOX 896  
PINE BROOK NJ 07058-0896

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

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