

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90030 028 ***150.00

DOCUMENT # P05000061817

1. Entity Name

OVER THE MOON TRAVEL.COM, INC.



Principal Place of Business

5247 BOX TURTLE CIR
SARASOTA FL 34232

Mailing Address

5247 BOX TURTLE CIR
SARASOTA FL 34232

66008258



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-381 2270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

BOROS, ROBIN S
5247 BOX TURTLE CIR
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

ROBIN S BOROS

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

5247 BOX TURTLE CIRCLE

City

SARASOTA

FL

Zip Code

34232

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]

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BOROS, ROBIN S	
STREET ADDRESS	5247 BOX TURTLE CIR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOROS, ROBIN S	
STREET ADDRESS	5247 BOX TURTLE CIR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOROS, HOWARD S	
STREET ADDRESS	5247 BOX TURTLE CIR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Section 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

Howard S. Boros HOWARD S. BOROS 3/24/06

Date

377-7954

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2006

OVER THE MOON TRAVEL.COM, INC.
5247 BOX TURTLE CIR
SARASOTA, FL 34232

Subject: OVER THE MOON TRAVEL.COM, INC.

Reference Number:

P05000061817

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION

ATTACHMENT

66008258

I HAVE MADE CORRECTION
THE REQUESTED FOR THE ADDITIONAL
MY APOLOGY FOR THE ERROR CAUSED
BURDEN MY ERROR CAUSED