

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3812270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOROS, ROBIN S
5247 BOX TURTLE CIR
SARASOTA, FL 34232**

**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

Robin S. Boros

Signature, typed or printed name of registered agent and date applicable.

(NOTE: Registered Agent signature required when renating)

DATE

4/17/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BOROS, ROBIN S
STREET ADDRESS	5247 BOX TURTLE CIR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	P
NAME	BOROS, ROBIN S
STREET ADDRESS	5247 BOX TURTLE CIR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	ST
NAME	BOROS, HOWARD S
STREET ADDRESS	5247 BOX TURTLE CIR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80020-014 150.00

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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

Howard S. Boros, **HOWARD S. BOROS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/2007 (941) 327-7954