


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90306 001 \*\*\*150.00

<b>DOCUMENT # P05000082030</b> 1. Entity Name <b>TRAVEL AND CRUISE AWAY, INC.</b>																					
Principal Place of Business <b>13176 N DALE MABRY HWY #221 TAMPA FL 33618</b>			Mailing Address <b>13176 N DALE MABRY HWY #221 TAMPA FL 33618</b>																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		4. FEI Number <b>65-1252436</b>																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent  <b>ZOELLNER, LYNDIA</b> <b><del>6904 BENJAMIN RD - STE 514</del> 5114 Cornette Dr.</b> <b>TAMPA FL <del>33634</del> 33624</b>			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 <u><i>Lyndia T. Zoellner</i></u> <b>LYNDIA T. ZOELLNER</b> <small>Signature, typed name of registered agent and the date (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Delete  <b>ZOELLNER, LYNDIA</b> </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b><del>6904 BENJAMIN RD - STE 514</del> 5114 Cornette Dr.</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>TAMPA FL <del>33634</del> 33624</b></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete <b>ZOELLNER, LYNDIA</b>	NAME		STREET ADDRESS	<b><del>6904 BENJAMIN RD - STE 514</del> 5114 Cornette Dr.</b>	CITY - ST - ZIP	<b>TAMPA FL <del>33634</del> 33624</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
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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: <u><i>Lyndia T. Zoellner</i></u> <b>LYNDIA ZOELLNER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>727-421 3968</b>																	