


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000111025 1. Entity Name SPC TRAVEL SERVICES, INC.	
--	---

Principal Place of Business 1332 SW LEISURE LN PORT SAINT LUCIE, FL 34953 US	Mailing Address 1332 SW LEISURE LN PORT SAINT LUCIE, FL 34953 US
--	--



08142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3286691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEACON ACCOUNTING SERVICE, INC. 3135 SW MAPP ROAD PALM CITY, FL 34990

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when requesting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAGE CAMARDA, SHARON 1332 SW LEISURE LN PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000773102
08/30/07-80004-025 150.00**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/07

Date

772 879-4179

Daytime Phone #