

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034582

FILED
Feb 05, 2007
Secretary of State

Entity Name: PERSONALIZED TRAVEL OF SARASOTA, INC

Current Principal Place of Business:

4726 ALMANZA AVENUE
SARASOTA,, FL 34235

New Principal Place of Business:

Current Mailing Address:

4726 ALMANZA AVENUE
SARASOTA,, FL 34235

New Mailing Address:

FEI Number: 20-4477740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBECK, ROBERTA
4726 ALMANZA AVENUE
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBECK, ROBERTA
Address: 4726 ALMANZA AVE.
City-St-Zip: SARASOTA, FL 34235 US

Title: SEC () Delete
Name: ROBECK, ROBERTA
Address: 4726 ALMANZA AVE.
City-St-Zip: SARASOTA, FL 34235 US

Title: TRES () Delete
Name: ROBECK, ROBERTA
Address: 4726 ALMANZA AVE.
City-St-Zip: SARASOTA, FL 34235 FL

Title: D () Delete
Name: LIGON, MERRIE
Address: 3105 FREDERICK DR.
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: VERNAY, ROBERT
Address: 2304 LITTLE BROOKE WAY
City-St-Zip: DUNWOODY, GA 30338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: ROBECK, ROBERTA
Address: 4726 ALMANZA AVE.
City-St-Zip: SARASOTA, FL 34235 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA ROBECK

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date