

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121090

Entity Name: CARE FOR U TRAVEL, INC.

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

4810 SW 101 LANE  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**  
4810 SW 101 LANE  
OCALA, FL 34476 US

**New Mailing Address:**

FEI Number: 20-5580537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORREST, DEEANN L  
4810 SW 101 LANE  
OCALA, FL 34476 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: PRES ( ) Delete  
Name: SULLIVAN, LARRY W  
Address: 10090 SW 189TH COURT  
City-St-Zip: DUNNELLON, FL 34432 US

Title: VP ( ) Delete  
Name: BRANTLEY, ANN V  
Address: 6065 SW 57TH AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: CFO ( ) Delete  
Name: FORREST, DEEANN L  
Address: 4810 SW 101 LANE  
City-St-Zip: OCALA, FL 34476 US

Title: VP ( ) Delete  
Name: FORREST, GRAHAM  
Address: 4810 SW 101 LANE  
City-St-Zip: OCALA, FL 34476 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DEEANN L. FORREST

CFO

04/26/2007

Electronic Signature of Signing Officer or Director

Date