

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000058050

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** KATHY'S TRAVEL TIME INC.

**Current Principal Place of Business:**

199 LAKESHORE DR.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

199 LAKESHORE DR.  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 87-0802009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINSTEIN, KATHERINE  
199 LAKESHORE DRIVE  
MELBOURNE, FL 32901 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

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** WEINSTEIN, KATHERINE  
**Address:** 199 LAKESHORE DR.  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** VP/T  
**Name:** WEINSTEIN, KATHERINE  
**Address:** 199 LAKESHORE DR.  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** S  
**Name:** WEINSTEIN, KATHERINE  
**Address:** 199 LAKESHORE DR.  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** D  
**Name:** MORGAN, WILLIAM SR  
**Address:** 133 LAKESHORE DRIVE  
**City-St-Zip:** MELBOURNE, FL 32901

I hereby 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 all other like empowered.

**SIGNATURE:** KATHERINE WEINSTEIN

PO

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date