

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058902

FILED
Apr 06, 2009
Secretary of State

Entity Name: SPECIALIZED SPORTS TRAVEL INC

Current Principal Place of Business:

8711 WOODMONT LANE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

103 OAKPOND COURT
CARY, NC 27513 US

New Mailing Address:

FEI Number: 26-0219108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, RICHARD
8711 WOODMONT LANE
PORT RICHEY, FL 34668 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: SEYMOUR, RICHARD
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR () Delete
Name: SEYMOUR, RICHARD
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR (X) Delete
Name: FOSTER, DANIEL
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: TREA (X) Delete
Name: SEYMOUR, MARSHA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR (X) Delete
Name: SEYMOUR, MARSHA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR (X) Delete
Name: FOSTER, LAURA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change () Addition
Name: SEYMOUR, MARSHA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

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: RICHARD SEYMOUR

DIR

04/06/2009

Electronic Signature of Signing Officer or Director

Date