

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005151

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** 95 SOUTH TOURS & TRANSPORTATION INC.

**Current Principal Place of Business:**

5021 JACOBS AVENUE  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

11870 COLLINS CREEK DR.  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

FEI Number: 59-3439362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROCK, ANGELA  
11870 COLLINS CREEK DR.  
JACKSONVILLE, FL 32258 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: PD  
Name: ROCK, ANGELA  
Address: 11870 COLLINS CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VD  
Name: ROCK, ALPHONSO  
Address: 11870 COLLINS CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S  
Name: ROCK, TIERNEY  
Address: 11870 COLLINS CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: T  
Name: ROCK, COURTNEY  
Address: 11870 COLLINS CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

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: ANGELA L. JOHNSON ROCK

PD

04/16/2012

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

\_\_\_\_\_  
Date