

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90030 009 ***150.00

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01252005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2872589** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P24331
1. Entity Name
TRAVEL PROS, INC., A DELAWARE CORPORATION



Principal Place of Business
TAMPA FL
10012 N DALE MABRY HWY ST 203
TAMPA, FL 33618 US

Mailing Address
10012 N DALE MABRY HWY
SUITE 203
TAMPA, FL 33618 US

2. Principal Place of Business
Tampa, FL

3. Mailing Address
3901 W. Busch Blvd.

Suite, Apt. #, etc.
Suite 408

Suite, Apt. #, etc.
Suite 408

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33618

Country
USA

Zip
33618

Country
USA

6. Name and Address of Current Registered Agent

BENET, BERNHARD
10012 N. DALE MABRY HWY
STE 203
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENET, BERNHARD 3831 BROOKSWORTH AVENUE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENET, GAYLE 3831 BROOKSWORTH AVENUE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bernhard Benet** **2-7-05** **813-933-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #