

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90138 001 \*\*\*450.00

**DOCUMENT # P93000025512**

1. Entity Name  
SPECIAL T TRAVEL SERVICE, INC.



Principal Place of Business  
5050 S. US HWY 17-92  
STE 101  
CASSELBERRY, FL 32707 US

Mailing Address  
5050 S. US HWY 17-92  
STE 101  
CASSELBERRY, FL 32707 US

66017353



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-3181280

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, J. D  
5050 S. US HWY 17-92  
STE 101  
CASSELBERRY, FL 32707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPD  
FIELDS, TRACI L  
529 N FERNCREEK AVE.  
ORLANDO, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPD  
FIELDS, J. D  
529 N. FERNCREEK AVENUE  
ORLANDO, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPT  
FIELDS, J. D  
529 N. FERN CREEK AVENUE  
ORLANDO, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.22.07 407.896.8680x113

Date

Daytime Phone #