2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# P93000041654

Entity Name: TRAVEL OPTIONS & ASSOCIATES, INC.

Current Principal Place of Business:

5401 SOUTH KIRKMAN ROAD
310
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1937
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 59-3184898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE YOUNG, LINDA F
1705 WIND HARBOR RD
ORLANDO, FL 32809 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: DEYOUNG, LINDA
Address: 1705 WIND HARBOR RD
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete
Name: KELLY, SUE
Address: 280 LONGHURST LOOP
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete
Name: ANDERSON, JANET RENEA
Address: 6856 SCYTHE AVE
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete
Name: DEYOUNG, STEPHEN J.
Address: 1705 WIND HARBOR RD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINDA DEYOUNG PRES 02/08/2009

Electronic Signature of Signing Officer or Director Date