

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000057719

Entity Name: CSF TRAVEL, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11627 RAMBLING OAK BLVD  
ORLANDO, FL 32832

**New Principal Place of Business:**

**Current Mailing Address:**

11627 RAMBLING OAK BLVD  
ORLANDO, FL 32832

**New Mailing Address:**

FEI Number: 65-0434935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLKINS, CHRISTINE  
11627 RAMBLING OAK BLVD  
ORLANDO, FL 32832 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: D  
Name: FOLKINS, CHRISTINE  
Address: 11627 RAMBLING OAK BLVD  
City-St-Zip: ORLANDO, FL 32832

Title: D  
Name: SHILLUS, ERNST  
Address: 11627 RAMBLING OAK BLVD  
City-St-Zip: ORLANDO, FL 32832

Title: D  
Name: SHILLUS, ADELHEID  
Address: 11627 RAMBLING OAK BLVD  
City-St-Zip: ORLANDO, FL 32832

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: CHRISTINE FOLKINS

OWNE

02/18/2011

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

\_\_\_\_\_  
Date