

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000066920

Entity Name: ABSOLUTE TRAVEL, INC.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

106 SOUTH MAIN STREET  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

106 US HWY 41 SOUTH  
INVERNESS, FL 34450

**New Mailing Address:**

FEI Number: 59-3203058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARY ST. CLAIR  
106 US HIGHWAY 41, S  
INVERNESS, FL 34450 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: P  
Name: ST. CLAIR, RICHARD  
Address: 3824 S OWEN TRAIL  
City-St-Zip: INVERNESS, FL

Title: ST  
Name: ST. CLAIR, MARY  
Address: 3824 S OWEN TRAIL  
City-St-Zip: INVERNESS, FL

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: MARY ST CLAIR

ST

04/05/2011

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

\_\_\_\_\_  
Date