


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000081431</b>		
1. Entity Name 892 TRAVEL COMPANY, INC.		
Principal Place of Business	Mailing Address	
7001 SKYLANE DRIVE ORLANDO, FL 32819	7001 SKYLANE DRIVE ORLANDO, FL 32819	



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3212473	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUCKWORTH, CHARLES W  
701 SKYLANE DRIVE  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

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 \$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**

TITLE	P
NAME	DUCKWORTH, CHARLES W
STREET ADDRESS	7001 SKYLANE DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VP
NAME	DUCKWORTH, PATSY
STREET ADDRESS	7001 SKYLANE DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	S
NAME	DUCKWORTH, CHARLES
STREET ADDRESS	7001 SKYLANE DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	DUCKWORTH, CHARLES
STREET ADDRESS	7001 SKYLANE DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80072-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 351 3064