

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000081431

1. Entity Name
 892 TRAVEL COMPANY, INC.



Principal Place of Business
 7001 SKYLANE DRIVE
 ORLANDO, FL 32819

Mailing Address
 7001 SKYLANE DRIVE
 ORLANDO, FL 32819



02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3212473	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 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, 2006 Fee will be \$550.00

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

000000427588

10. OFFICERS AND DIRECTORS

02/21/06-80008-023 158.75

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

DO NOT WRITE IN THIS SPACE

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 title empowered.

SIGNATURE: *Charles W Duckworth* Charles W Duckworth 2/5/06 4073513064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #