

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90412 045 \*\*\*150.00

**DOCUMENT # P94000003174**

1. Entity Name

REMINGTON TRAVEL SERVICES, INC.



Principal Place of Business \*

6655 CENTRAL AVE  
SAINT PETERSBURG FL 33710

Mailing Address

6600 SUNSET WAY  
#121  
ST PETERSBURG FL 33706  
US

2. Principal Place of Business

6600 Sunset Way  
Suite, Apt. #, etc.  
#121

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33706

Country

US

Country

4. FEI Number

59-3217214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BACON, DAVID A  
2929 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME REMINGTON, CARL R  
STREET ADDRESS 6600 SUNSET WAY  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE D ☐ Delete  
NAME REMINGTON, MADELL  
STREET ADDRESS 6600 SUNSET WAY  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE D ☒ Delete  
NAME SHARER, LARRY  
STREET ADDRESS 100 SECOND AVENUE SOUTH #606  
CITY-ST-ZIP ST. PETERSBURG FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: *Maedell Remington* *Maedell Remington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

727 360-5574

Daytime Phone #