

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90286 038 \*\*\*150.00

<b>DOCUMENT # P94000035371</b>					
<b>1. Entity Name</b> DIVERSIFIED TRAVEL MANAGEMENT, INC.					
<b>Principal Place of Business</b> 2148 A MCGREGOR BLVD FORT MYERS, FL 33901			<b>Mailing Address</b> 2148 A MCGREGOR BLVD FORT MYERS, FL 33901		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0508920	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CULAR, MATTHEW JR 2148 A MCGREGON BLVD FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name: <u>MATTHEW CULAR</u> Street Address (P.O. Box Number is Not Acceptable): <u>2148 MCGREGOR BLVD</u> City: <u>FORT MYER</u> <u>FL</u> Zip Code: <u>33901</u>		
<b>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.</b> SIGNATURE: <u>MATTHEW D CULAR</u> DATE: <u>4-26-04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <u>S</u> NAME: <u>CULAR, MATTHEW D</u> STREET ADDRESS: <u>5849 SANDBURG DRIVE</u> CITY-ST-ZIP: <u>FORT MYERS, FL 33903</u>	<input type="checkbox"/> Delete		TITLE: <u>S</u> NAME: <u>CULAR, MATTHEW</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <u>5849 SANDBURG DR.</u> CITY-ST-ZIP: <u>N. FT. MYERS FL 33903</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u>D</u> NAME: <u>CULAN, ADREA</u> STREET ADDRESS: <u>5849 SANDBURG DR</u> CITY-ST-ZIP: <u>NORTH FORT MYERS, FL 33903</u>	<input type="checkbox"/> Delete		TITLE: <u>D</u> NAME: <u>CULAR, ANDREI</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <u>5849 SANDBURG DR.</u> CITY-ST-ZIP: <u>N. FT. MYERS FL 33903</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b> <u>MATTHEW D CULAR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-26-04</u> Daytime Phone #: <u>(239) 334 1279</u>		