


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000064514 1. Entity Name P.R.O.P. TOUR, INC.	
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Principal Place of Business POST OFFICE BOX 37 LAKE HAMILTON, FL 33851	Mailing Address POST OFFICE BOX 37 LAKE HAMILTON, FL 33851
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0527531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRAUGHN, RICHARD E 255 MAGNOLIA AVENUE WINTER HAVEN, FL 33880

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARBRECHT, GARY P.O. BOX 37 N/A LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEEBOLD, BILL P.O. BOX 37 N/A LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRAUGHN, RICHARD E P.O. BOX 37 N/A LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, AMY P O BOX 37 N/A LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBRECHT, BART P O BOX 37 LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000011006
01/23/04-80019-016 150.00

**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)(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: Amy Sullivan 1/20/04 813-439-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #