2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P95000046463 1. Entity Name								Feb 24, 2004 08:00 AM Secretary of State				
EXPEDITION TRAVEL, INC.												
Principal Plac	e of Business		Mailin	g Address		<u> </u>			_			
1717 N.W. 4 GAINESVILI			1717	1717 N.W. 45TH AVENUE GAINESVILLE FL 32605								
									1 10 0 (10 0 E ESE ESES) DI (11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ATTEMEN OF CHARGE
2. Principal P	lace of Susin	ess	3. Mail	3. Mailing Address								
Suite, Apt.				Suite, Apt. #, etc					MOORE	CR2E03	4 (11/03)	
City & Stat	e		City	City & State				4. FEI 1	Number 59-3327	925		oplied For of Applicable
Zip	Country			Zip Cou		ntry 5.		5. Certi	ificate of Status Desire	ed 🔀	\$8.75 Add	ditional
	6. Name	and Address of Curre	ed Agent	Agent Name			7. Nam	e and Address of Ne	w Registered	Agent	,	
ENDER THOMAS OF												
171	7 N.W. 45	MAS C DR. 5TH AVENUE 5 FL 32605				Street Add	dress (P	2.0. Box 8	Number is Not Accep	table)		
						City			<u> </u>	F	Z _{ip} Code	e
	named entity tions of regist	submits this statemenered agent.	nt for the purp	ose of changing its	register	ed office or r	registere	d agent,	or both, in the State of			and accept
SIGNATURE.	Signature typed	or printed name of registered ag	gent and title if app	siicable. (NOT	E. Registere	d Agent signature	e required s	whom roinsta	uting)	DATE	 	
		! FEE IS \$150.00 !4 Fee will be \$550.0	00				7.4		Election Campaign Trust Fund Contrik		\$5.0	O May Be
Make Check	k Payable to	Florida Departmen	t of State						reast cond Congr.	oson.	□ Auceo	i m Lad?
10.		OFFICERS A	ND DIRECTO	RS ,	11.			ADOIT	IONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11
TITLE	DP			Delete	BTU				100000	no aron	Change	Addition
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CITY ST-ZIP	GAINESVIL			•	3	- S7 - Z8P			المراجع المسهورين	DOULD G	. # 4060 4 10	ۍ
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12. Thereby 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.											or director Block 11 if	
SIGNAT	URE: _	SIGNATURE AND TYPES	Comel	TE OF SYCHING OFFICE	hon	nas C.	Em	mel	February 21	,2004	494_	7402

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