

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049307

Entity Name: JOLI TOUR CRUISES, INC.

FILED
Mar 09, 2008
Secretary of State

Current Principal Place of Business:

A 2422 SE 19TH CIR.
OCALA, FL 34470 US

New Principal Place of Business:

A 2422 SE 19TH CIR.
OCALA, FL 34471 US

Current Mailing Address:

3101 SW 34TH AVE PMB # 233
905
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3220291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ANGELYN
2422 SE 19TH CIR
OCALA, FL 34474 US

Name and Address of New Registered Agent:

COLEMAN, ANGELYN
2422 SE 19TH CIR
OCALA, FL 34471 US

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.

SIGNATURE:

03/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: COLEMAN, ANGELYN
Address: 2422 SE 19TH CIR
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: KAHAM, TERESA
Address: 1917 SW 35TH AVE
City-St-Zip: OCALA, FL 34474

Title: DV () Delete
Name: MCKINNON, DEJUAN
Address: 2422 SE 19TH CIR
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MCKINNON, DEJUAN
Address: 2422 SE 19TH CIR
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELYN COLEMAN

DPS

03/09/2008

Electronic Signature of Signing Officer or Director

Date