

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049307

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: JOLI TOUR CRUISES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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 34471 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution (X).

## 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 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANGLEYN COLEMAN

MS

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date