

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000055015		
1. Entity Name B.I.R.D. TRAVEL AGENCY, INC		
Principal Place of Business 2200 US HWY 19 HOLIDAY, FL 34691 US	Mailing Address 2200 US HWY 19 HOLIDAY, FL 34691 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RALSTON, BARBARA J 1136 US 19 HOLIDAY, FL 34691		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALSTON, BARBARA J 1136 US 19 HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
U00000484295 03/21/06 80110-024 150.00 DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.		
SIGNATURE: <i>Barbara J. Ralston</i>		3-9-06 727-375-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #