


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90056 001 \*\*\*300.00

<b>DOCUMENT # P95000086141</b>	
1. Entity Name <b>SUNSPASH TRAVEL, INC.</b>	

Principal Place of Business <b>3710 RONALD REAGAN BLVD PARKWAY DAVENPORT, FL 33896</b>	Mailing Address <b>3710 RONALD REAGAN BLVD PARKWAY DAVENPORT, FL 33896</b>
---	---

66406619



2. Principal Place of Business <b>3710 RONALD REAGAN BLVD</b>	3. Mailing Address <b>3710 RONALD REAGAN BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State <b>DAVENPORT FL</b>	City & State <b>DAVENPORT FL</b>
-------------------------------------	-------------------------------------

4. FEI Number <b>59-3345089</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>33896</b>	Country <b>USA</b>	Zip <b>33896</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>MICHAEL ECKERSLEY 125 HILLTOP ST. DAVENPORT, FL 33837</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLACKBURN, JASON P 125 HILLTOP ST DAVENPORT, FL 33837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ECKERSLEY, MICHAEL C 125 HILLTOP ST DAVENPORT, FL 33837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03/09/04 Date	863 4246193 Daytime Phone #
--	------------------	--------------------------------