2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL -6 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093492

1. Entity Name
ETOURANDTRAVEL, INC.

Principal Place of Business	Mailing Address
3626 QUADRANGLE BLVD STE 400 ORLANDO, FL 32817 US	920 EAST THIRD AVENUE NEW SMYRNA BEACH, FL 32169 US

06142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3353371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOSMAS, ROBERT P 920 EAST THIRD AVENUE NEW SMYRNA BEACH, FL 32169	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	DST KOSMAS, ROBERT P 920 EAST THIRD AVENUE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V DUFFY, TRUDY 920 East Third Avenue New Smyrna Beach, FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KOSMAS, NICHOLAS G 920 EAST THIRD AVENUE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V CROFT, J. LANCE 920 East Third Avenue New Smyrna Beach, FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KOSMAS, STEVEN P 920 EAST THIRD AVENUE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	800105857509 07/10/07--01039--007 **540.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Stan P Kosmas President 06-12-2007 (386) 427-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #