2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # P95000096305 1. Entity Name TEMPO & TRAVEL, INC.					03-30-2005 90031 002 ***150.00			
Principal Place of Business 1779 KING JAMES ROAD KISSIMMEE, FL 34744 Mailing Address 1779 KING JAMES ROAD KISSIMMEE, FL 34744						.	NIT ON EL 1 40 5	
2. Principal Piace of Business Agrobia S 3. Mailing Address Magnobia St. —Suite, Apt., #, etc. —Suite, Apt., #, etc.								
City & Stat			·		Chg-PCR		·	
	mee Horida	KISSIMHER	Floria	4. FEI Number 59-3351	125	1 1 ·	oplied For ot Applicable	
^{2ip} 34	741 Country G 6. Name and Address of Current F	Zip 34741 Registered Agent	Country US	5. Certificate of	Status Desired	\$8.75 Add Fee Require		
GRIFFITH, BERNARD G								
					is Not Acceptable)			
917 W.					ia st	⊏∎ Zip Çod	A15 . 1	
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept								
the obligations thregistered agent. SIGNATURE SIGNATURE 3-25-05								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: fibrilistered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CI	HANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME	PD GRIFFITH, BERNARD G	☐ Detete	TITLE NAME	same	13 0	Change	Addition	
STREET ADDRESS CITY+ST-ZIP	1779 KING JAMES ROAD KISSIMMEE, FL 34744		STREET ADDRESS CITY-ST-ZIP	917 W. Mag Kiŝsimmee	ischia 31.	1		
TITLE	VD VD	☐ Delete	TITLE	some	1 4.38/7	☐ Change	Addition	
NAME STREET ADDRESS	GRIFFITH, KIMBERLY A _1779.KING JAMES ROAD		NAME STREET ADDRESS	917 W. Hagis	Alia St.		_	
CITY-ST-ZIP	KISSIMMEE, FL 34744	-	CITY-ST-ZIP	Kissimuee.	FL-34741	·		
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				ļ	
TITLE NAME		☐ Delete	TITLE	-		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		-	•		
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ted in Section 110 07(0)(i)	Florida Statutos 1 funt	anglifu the ex the c		
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 eath; 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 pther like empowered.								