2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90363 030 ***150.00

DOCUMENT # P96000041119

1. Entity Name
NO EXEMPTIONS TOUR, INC.

Principal Place of Business	Mailing Address
9095 122ND WAY NORTH SEMINOLE, FL 33772	9095 122ND WAY NORTH SEMINOLE, FL 33772

60029828

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9120 108th ST N.		P.O. Box 4223	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SEMINOLE, FL		City & State: SEMINOLE, FL	
Zip: 33772	Country: Pinellas Co	Zip: 33775	Country: Pinellas Co.

4. FEI Number: 59-3382748 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGEE, FRANK D
9095 122ND WAY NORTH
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 9120 108th STREET N
City: SEMINOLE FL Zip Code: 33772

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	P MAGEE, FRANK D 9095 122ND WAY NORTH SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME SAME 9120 108th STREET N. SEMINOLE, FL 33772	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MAGEE, MARY M 9095 122ND WAY NORTH SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME SAME 9120 108th STREET N. SEMINOLE, FL 33772	☑ 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
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: Mary M Magee MARY M MAGEE VPres. 4/20/2006 (727) 393-8531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #