

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 020 ***150.00

DOCUMENT # P96000096122

1. Entity Name
JVS TRAVEL SERVICE, INC.



Principal Place of Business
**7449 KEA LANI DR
BOYNTON BEACH, FL 33437**

Mailing Address
**7449 KEA LANI DR
BOYNTON BEACH, FL 33437**

34874003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
14 KNIGHTS BRIDGE LN

Suite, Apt. #, etc.

City & State
BOYNTON BEACH

City & State

Zip **FL** Country **33426**

Zip Country

04062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0729278

Applied For
Not Applied

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

**SHORE, JULIA V
7449 KEA LANI DR
BOYNTON BEACH, FL 33437**

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

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, 2004 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	PD SHORE, JULIA V 7449 KEA LANI DR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete
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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, changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04