

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000020001 1. Entity Name TRIPS OF JACKSONVILLE, INC.	
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Principal Place of Business 2928 CORINTHIAN AVENUE JACKSONVILLE, FL 32210	Mailing Address 2928 CORINTHIAN AVENUE JACKSONVILLE, FL 32210
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3434653

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLASHEEN, RUSSELL M
2928 CORINTHIAN AVENUE
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 retreating)

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

000000470407
03/28/06-20012-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLASHEEN, RUSSELL M 4300 YACHT CLUB RD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLASHEEN, CHARLES R 4300 YACHT CLUB RD. JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Russell M. Glasheen Russell M. Glasheen 3/13/06 904-387-223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone