


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 026 ***150.00

DOCUMENT # P97000026917
 1. Entity Name
TOURISTIC PROMOTION, INC.



Principal Place of Business Mailing Address
1524 BRIERCLIFF DR **1524 BRIERCLIFF DR**
ORLANDO, FL 32806 **ORLANDO, FL 32806**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0802733 Not Applicable

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

6. Name and Address of Current Registered Agent
FISCHER, FRIEDERIKE
1524 BRIERCLIFF DRIVE
ORLANDO, FL 32808

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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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LARSEN, INGRID 1524 BRIERCLIFF DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSEN, SVEN ERIK 1524 BRIERCLIFF DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSEN, FINN B 1524 BRIERCLIFF DR ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ingrid Larsen Feb. 25, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #