

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059119

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PRIME HOLIDAYS TOURS & CAR RENTALS INC.

**Current Principal Place of Business:**

6130 EDGEWATER DR  
UNIT H  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

6130 EDGEWATER DR  
UNIT H  
ORLANDO, FL 32810 US

**New Mailing Address:**

FEI Number: 59-3460294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDNER, SHIRLEY  
90 KNIGHTS HOLLOW DR  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GARDNER, SHIRLEY  
Address: 90 KNIGHTS HOLLOW DR  
City-St-Zip: APOPKA, FL 32712 US

Title: S ( ) Delete  
Name: BAITY, MARIE Y  
Address: 475 KNIGHTSWOOD DRIVE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY GARDNER

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date