

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000067840

1. Entity Name
DBM TRAVEL CORPORATION



Principal Place of Business

**1765 W FLETCHER AVE
TAMPA, FL 33612**

Mailing Address

**1765 W FLETCHER AVE
TAMPA, FL 33612**

DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3479573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREGORY & MOLHEM, P.A.
442 W. KENNEDY BOULEVARD
SUITE 340
TAMPA, FL 33606**

**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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fess**

*In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.*

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTSD
MOORE, DONALD B
8806 SOUTH HILLSIDE DRIVE
HICKORY HILLS, IL 60457**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000168851
07/30/04-80001-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Donald B Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04

813 264-6221

Date

Daytime Phone #