

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

10fz  
**FILED**

**DOCUMENT # P97000084817**

1. Entity Name  
**GOOD TIMES TRAVEL CLUBS, INC.**



**04 SEP 30 PM 3:43**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1503 S.E. 13TH PLACE  
GAINESVILLE, FL 32641**

Mailing Address  
**1503 S.E. 13TH PLACE  
GAINESVILLE, FL 32641**



08262004 No Chg-P CR2E034 (10/03) 04

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-2383673**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, EULA M  
1503 S.E. 13TH PLACE  
GAINESVILLE, FL 32601**

**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 reinstating)

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 Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE	O
NAME	WILLIAMS, EULA M
STREET ADDRESS	1503 S.E. 13TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(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:**

*Eula M. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/04  
Date

Cell- 871-3995  
352-371-9595  
Daytime Phone #

352-376-8857 6

2 of 2

**Good Times Travel Clubs, Inc.  
1503 S. E. 13<sup>th</sup> Place  
Gainesville, Florida 32641**

**September 28, 2004**

**Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314**

**ATTN. Mrs. Marquitta Williams**

**I do not know what the problem is with me and getting my renewal completed.**

**First of all I did not receive the first post card notice. I did not know the department had changed it way of notifying small businesses about the renewals. I tried to get the information off the computer but that did not work. Today I spoke with a lady in your department and she said this is what I needed to get my renewal. I pray this works.**

**Please accept my check and apology for misunderstanding what I had to do.**

**Thanks,**

  
**Eula M. Williams**