

ANNUAL REPORT

FILED

Jan 11, 2007 03
Secretary of

DOCUMENT # P98000000430

1. Entity Name
VOYAGE 2000 INC.

Principal Place of Business

1380 N.W. 3RD. ST.
CRYSTAL RIVER, FL 34428

Mailing Address

1380 N.W. 3RD. ST.
CRYSTAL RIVER, FL 34428

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483434

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, RICHARD S
1380 N.W. 3RD. ST.
CRYSTAL RIVER, FL 34428DO 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]* 1/9/07

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
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WHEELER, RICHARD
1380 NW 3RD ST
CRYSTAL RIVER, FL 34428TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHEELER, PAULA
1380 NW 3RD ST
CRYSTAL RIVER, FL 34428TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000583395
01/11/07-80070-009 150.00DO 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 life empowered.

SIGNATURE: *Paula H Wheeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07

352-795-7261