

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P99000035175

1. Entity Name
CUSTOM TOURS INTERNATIONAL, INC.



Principal Place of Business
24600 SOUTH TAMIAMI TRAIL, #208
104
BONITA SPRINGS, FL 34134

Mailing Address
24600 SOUTH TAMIAMI TRAIL, #208
104
BONITA SPRINGS, FL 34134



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3570293	Applied For Not Applicable.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAITLAND-SMITH, BRIAN
24600 SOUTH TAMIAMI TRAIL, #208
BONITA SPRINGS, FL 34134

**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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAITLAND-SMITH, BRIAN
STREET ADDRESS	24600 SOUTH TAMIAMI TRAIL, #208
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	TS
NAME	MAITLAND-SMITH, HELENA
STREET ADDRESS	24600 SOUTH TAMIAMI TRAIL, #208
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80054-002 150.00

**DO 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/07 239 995590