


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-13-2005 90225 026 ***108.75
06-21-2005 90003 026 ****50.00

DOCUMENT # P99000046687	
1. Entity Name INTEGRA TRAVEL SERVICES, INC.	

Principal Place of Business 2 WHITE DOVE LANE PALM COAST, FL 32164 US	Mailing Address 2 WHITE DOVE LANE PALM COAST, FL 32164 US
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DO NOT WRITE IN THIS SPACE



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3579411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TRETTNER, SUSAN
2 WHITE DOVE LN.
PALM COAST, FL 32137**

**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 SUSAN TRETTNER [Signature] 4-26-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRETTNER, SUSAN <u>4 HARGROVE GRADE STE 1M</u> <u>2 White Dove Lane</u> <u>PALM COAST, FL 32137</u> <u>Palm Coast, FL</u> <u>32164</u>
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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: [Signature] 4-26-05 386-447-8516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #