## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000105314

Entity Name: DAYTRIPPERS OF ST PETERSBURG INC.

FILED Mar 31, 2004 Secretary of State

y		THEROOF OT TETERODO	(0, 1140.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
475 CENT	LDG., STE. M RAL AVENUE RSBURG, FL	<b>=</b>			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
475 CENT	EST L. MASC/ RAL AVENU! RSBURG, FL	E, SÚITE M-8			
FEI Number	: 59-3613932	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
919 TYRO	', PATRICK J NE BOULEV RSBURG, FL				
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	Agent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KENNEDY, P. 919 TYRONE	) Delete J BOULEVARD NORTH BURG, FL 33710 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KENNEDY, JA 919 TYRONE	) Delete NET BOULEVARD NORTH SURG, FL 33710 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	REFFETT, JE 919 TYRONE	) Delete FFERY BOULEVARD NORTH JURG, FL 33710 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VPS ( REFFETT, LO	) Delete Ri	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEFFERY REFFETT PT 03/31/2004

919 TYRONE BOULEVARD NORTH

ST. PETERSBURG, FL 33710 US

Address:

City-St-Zip: