## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V42982

P: BAY PINES TRAVEL INC.

FILED Jul 01, 2004 Secretary of State

Entity Name: BAY PINES TRAVEL, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	PINES BLVD SBURG, FL 3	33708		
Current Mailing Address:			New Mailing Address:	
	PINES BLVD SBURG, FL 3	33708		
FEI Number:	59-3127688	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	BORAH T RSON AVE SO SBURG, FL			
	named entity of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,
SIGNATUR	RE:			
	Electror	nic Signature of Registered Age	nt	Date
		3(2)(b), F.S., the corporation did not	receive the prior notice.	
	npaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:
Title:	V (	) Delete	Title:	( ) Change ( ) Addition
Name: Address: City-St-Zip:	BURKETT, BAF 9501 VONN RE SEMINOLE, FL	RBARA L,	Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( BURKETT, FRA 9501 VONN RE SEMINOLE, FL	)	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P ( ELGIN, DEBOR 6639 EMERSO ST PETERSBU	N AVE S	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	FOLEY, MICHA 30413 FAIRWA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T ( SPARKS, ANTH 378 PIERCE S' GILBERTS, IL	Г	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	FOLEY, CHER 30413 FAIRWA		Title: Name: Address: City-St-Zip:	( ) 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.

SIGNATURE: DEBORAH ELGIN MS 07/01/2004