

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42982

FILED
Apr 29, 2005
Secretary of State

Entity Name: BAY PINES TRAVEL, INC.

Current Principal Place of Business:

9653 BAY PINES BLVD
ST PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

9653 BAY PINES BLVD
ST PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-3127688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELGIN, DEBORAH T
6639 EMERSON AVE SOUTH
ST PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BURKETT, BARBARA L,
Address: 9501 VONN RD
City-St-Zip: SEMINOLE, FL 33776

Title: V () Delete
Name: BURKETT, FRANK S JR,
Address: 9501 VONN RD
City-St-Zip: SEMINOLE, FL 33776

Title: P () Delete
Name: ELGIN, DEBORAH T
Address: 6639 EMERSON AVE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: V () Delete
Name: FOLEY, MICHAEL J
Address: 30413 FAIRWAY DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T () Delete
Name: SPARKS, ANTHONY S
Address: 378 PIERCE ST
City-St-Zip: GILBERTS, IL 60136

Title: S () Delete
Name: FOLEY, CHERYL A
Address: 30413 FAIRWAY DR
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date