

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000440

**Entity Name:** TAKE A BREAK TRAVEL, INC.

**Current Principal Place of Business:**

6400 N. ANDREWS AVE.  
# 180  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

6400 N. ANDREWS AVE.  
# 180  
FT. LAUDERDALE, FL 33309

**FEI Number: 58-2680379**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CRANE, TRACY  
6400 N. ANDREWS AVE.  
# 180  
FT. LAUDERDALE, FL 33309 US

*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

**Officer/Director Detail :**

Title            D  
Name            SHEEHAN, KEVIN M  
Address        6400 N. ANDREWS AVE., STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            P  
Name            SHEEHAN, KEVIN M  
Address        6400 N. ANDREWS AVE., STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            S  
Name            SHEEHAN, KEVIN M  
Address        6400 N. ANDREWS AVE., STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            T  
Name            SHEEHAN, KEVIN M  
Address        6400 N. ANDREWS AVE., STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

*I hereby 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 all other like empowered.*

**SIGNATURE: KEVIN SHEEHAN**

**DIRECTOR**

**03/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date