

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72493

Entity Name: CENTER FOR TRAVEL, INC.**Current Principal Place of Business:**50 S.E. KINDRED ST
SUITE 109
STUART, FL 34994-3007**Current Mailing Address:**50 S.E. KINDRED ST
SUITE 109
STUART, FL 34994-3007 US**FEI Number:** 65-0282266**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRINZ, BETH TEARDO
819 S. FEDERAL HWY
SUITE 106
STUART, FL 34994 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	P
Name	VANCUREN, JUDY A
Address	1399 NW LAKESIDE TRL
City-State-Zip:	STUART FL 34994

Title	ST
Name	VANCUREN, GENE L
Address	1399 NW LAKESIDE TRL
City-State-Zip:	STUART FL 34994

Title	D
Name	GUMBINNER, JERI D
Address	3039 SW CAPTIVA CT.
City-State-Zip:	PALM CITY FL 34990

Title	D
Name	VANCUREN, JEFFREY D
Address	1315 GREENLEAF DRIVE
City-State-Zip:	ALEDO TX 76008

Title	D
Name	GUMBINNER, GAVIN H
Address	3039 SW CAPTIVA CT.
City-State-Zip:	PALM CITY FL 34990

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: GENE L. VANCUREN**SEC/TREAS****03/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date