

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93640

FILED
Feb 20, 2004
Secretary of State

Entity Name: REGAL TRAVEL SERVICES, INC.

Current Principal Place of Business:

% 195 WEKIVA SPRINGS ROAD
SUITE 320
LONGWOOD, FL 32779 US

Current Mailing Address:

% 195 WEKIVA SPRINGS ROAD
SUITE 320
LONGWOOD, FL 32779 US

New Principal Place of Business:

415 MONTGOMERY RD.
SUITE 105
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

415 MONTGOMERY RD.
SUITE 105
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3028802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIDL, PATRCIA
SUITE 320
195 WEKIVA SPRINGS RD
LONGWOOD, FL 32279 US

Name and Address of New Registered Agent:

MEIDL, PATRCIA
638 NORTHBRIDGE DR.
ALTAMONTE SPRINGS, FL 32714 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: PATRICIA MEIDL

02/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MEIDL, PATRICIA
Address: 638 NORTHBRIDGE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PATRICIA MEIDL

PSD

02/20/2004

Electronic Signature of Signing Officer or Director

Date