


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90005 035 \*\*\*150.00

**DOCUMENT # G77265**

1. Entity Name  
**SEVEN SPRINGS TRAVEL CENTER, INC.**



Principal Place of Business  
**8726 OLD CR #54**  
**SUITE H**  
**NEW PORT RICHEY, FL 34653**

Mailing Address  
**8726 OLD CR #54**  
**SUITE H**  
**NEW PORT RICHEY, FL 34653**

**50022166**



2. Principal Place of Business  
**6252 OLD TRAIL**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 821**  
 Suite, Apt. #, etc.

07072006 Chg-P CR2E034 (11/05)

City & State  
**NEW PORT RICHEY, FL**

City & State  
**NEW PORT RICHEY, FL**

Zip  
**34653**

Country  
**PASCO**

Zip  
**34656-0821**

Country  
**PASCO**

4. FEI Number  
**59-2372692**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOBSON, ROBERT T.**  
**6252 OLD TRAIL**  
**NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBSON, ROBERT T. 6252 OLD TRAIL NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert T. Jacobson **ROBERT T. JACOBSON** 7/8/06 727-848-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #