

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90037 049 ****61.25

DOCUMENT # N99000001893 1. Entity Name TRAVELERS REST ACTIVITIES GROUP, INC.					
Principal Place of Business 29129 JOHNSTON ROAD DADE CITY, FL 33523			Mailing Address 29129 JOHNSTON ROAD DADE CITY, FL 33523		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
City & State		City & State		4. FEI Number 59-3605060	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZITZER, EDMUND F 29129 JOHNSTON ROAD DADE CITY, FL 33523			Name Douglas Pedersen Street Address (P.O. Box Number is Not Acceptable) 29129 Johnston Rd. #10-3 City Dade City FL Zip Code 33523		
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 <u><i>Douglas Pedersen</i></u> Douglas Pedersen, Pres. 4/1/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZITZER, EDMUND F 29129 JOHNSTON ROAD #21-24 DADE CITY, FL 33523	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McLean, Joan 29129 Johnston Road #14-29 Dade City, FL 33523-6128	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEDERSEN, DOUGLAS 29129 JOHNSTON ROAD 10-3 DADE CITY, FL 33523	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pedersen, Douglas 29129 Johnston Road #10-3 Dade City, FL 33523-6128	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, MICKEY 29129 JOHNSTON ROAD #2538 DADE CITY, FL 33523	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEIRS, Willis 29129 Johnston Road #9-1 Dade City FL 33523-6128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAWLEY, DAVID 29129 JOHNSTON RD # 4-30 DADE CITY, FL 335236128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ford, John 29129 Johnston Road #2504 Dade City FL 33523-6128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, JOSEPH 29129 JOHNSTON RD # 9-10 DADE CITY, FL 335236128	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas, Irwin 29129 Johnston Road #5-55 DADE CITY, FL 33523	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWER, NORMAN 29129 JOHNSTON ROAD 12-3 DADE CITY, FL 33523	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLiday, Jeanette 29129 Johnston Road #13-20 Dade City FL 33523-6128	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: <u><i>Willis Speirs</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/1/04 352-588-2013 Date Daytime Phone #		