

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90390 006 ****61.25



DOCUMENT # N99000001893
 1. Entity Name
TRAVELERS REST ACTIVITIES GROUP, INC.

Principal Place of Business Mailing Address
 29129 JOHNSTON ROAD 29129 JOHNSTON ROAD
 DADE CITY FL 33523 DADE CITY FL 33523

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3605060 Not Applicable

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



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
KELLAR, S. LEE
29129 JOHNSTON ROAD
21-16
DADE CITY FL 33523

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD FORD, JOHN 29129 JOHNSTON ROAD, #2504 DADE CITY FL 33523	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GOODACRE, MARYLOU 29129 JOHNSTON RD 11-32 DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SPEIRS, WILLIS 29129 JOHNSTON ROAD #9-1 DADE CITY FL 33523-6128	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD OLSEN, ERIC 29129 JOHNSTON ROAD, #10-4 DADE CITY FL 33523	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD KELLAR, LEE S 29129 JOHNSTON ROAD, #21-16 DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HARDLEY, GARY 29129 JOHNSTON RD 5-17 DADE CITY FL 33523	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD CONNELL, COLIN 29129 JOHNSTON Rd 2644 DADE CITY, FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORRISON, NANCY 29129 JOHNSTON Rd 1733 DADE CITY, FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BROWN, MELVILLE 29129 JOHNSTON Rd 0616 DADE CITY, FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NEWTON, RICHARD 29129 JOHNSTON Rd 2029 DADE CITY, FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILLIAMS, MALCOLM 29129 JOHNSTON Rd 0669 DADE CITY, FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD HARDLEY, GARY 29129 JOHNSTON Rd 0517 DADE CITY, FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Mary Lou Goodacre* *Mary Lou Goodacre* *03/27/07* *352-588-2013*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #