2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90039 026 ****61.25

DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

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

1st MOORE CR2E037 (10/07)

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 59-3605060 ☐ Applied For ☐ Not Applicable

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
KELLAR, S. LEE 29129 JOHNSTON ROAD 21-16 DADE CITY FL 33523	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CONNELL, COLIN 29129 JOHNSTON RD 2644 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Connell, Colin 29129 Johnston Rd 2644 Dade City FL 33523	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOODACRE, MARYLOU 29129 JOHNSTON RD 11-32 DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Morrison, Nancy 29129 Johnston Rd 01-09	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MELVILLE 29129 JOHNSTON RD 0616 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Huestis-Stavert 29129 Johnston Rd. 17-22 Dade City, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWTON, RICHARD 29129 JOHNSTON RD 2029 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Newton, Richard 29129 Johnston Rd 20-29 Dade City FL 33523	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLAR, LEE S 29129 JOHNSTON ROAD, #21-16 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stafford, Don 29129 Johnston Rd. 2554 Dade City, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDLEY, GARY 29129 JOHNSTON RD 5-17 DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carmichael, Max 29129 Johnston Rd. 2629 Dade City, FL 33523.	☐ Change ☒ 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: Colin Connell Colin Connell 4-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR