2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Jan 24, 2004 08:00 AM **DOCUMENT # P99000053660** Secretary of State 1. Entity Name TRAVERS, INC. Principal Place of Business Mailing Address 4383 MALLARD LAKE DR. 4383 MALLARD LAKE DR. SPRING HILL, FL 34609-0323 SPRING HILL, FL 34609-0323 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3590630 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAVERS, JIM DO NOT WRITE 4383 MALLARD LAKE DR. SPRING HILL, FL 34609-0323 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME TRAVERS, JIM STREET ADDRESS 4383 MALLARD LAKE DR. CITY-ST-72P SPRING HILL, FL 346090323 U00000012338 TIBS F 01/26/04-80006-006 150.00 NAME TRAVERS, CAROL STREET ADDRESS 4383 MALLARD LAKE DR. CITY-SY-ZIP SPRING HILL, FL 346090323 गसह NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIBLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CETY-ST-78P

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 extrustee 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 withyan address, with all other like empowered.

SIGNATURE: >