

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90052 027 ***150.00

DOCUMENT # P99000053660	
1. Entity Name CAROL TRAVERS, P.A.	

Principal Place of Business 4383 MALLARD LAKE DR. SPRING HILL, FL 34609-0323	Mailing Address 4383 MALLARD LAKE DR. SPRING HILL, FL 34609-0323
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50010424



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3590630	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRAVERS, JIM 4383 MALLARD LAKE DR. SPRING HILL, FL 34609-0323	7. Name and Address of New Registered Agent Name TRAVERS, CAROL Street Address (P.O. Box Number is Not Acceptable) 4383 MALLARD LAKE DRIVE City SPRING HILL FL Zip Code 34609
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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.

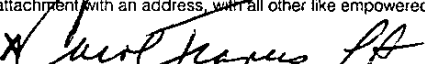
SIGNATURE  X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVERS, JIM 4383 MALLARD LAKE DR. SPRING HILL, FL 346090323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVERS, CAROL 4383 MALLARD LAKE DR. SPRING HILL, FL 346090323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T TRAVERS, CAROL 4383 MALLARD LAKE DRIVE SPRING HILL, FL 34609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 recorder 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:  **CAROL TRAVERS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-31-05
Date Daytime Phone #