2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # 400041** 1. Entity Name 04-13-2004 90037 048 ***150.00 TRAVELERS REST RESORT, INC. Principal Place of Business Mailing Address 29129 JOHNSTON RD 29129 JOHNSTON RD DADE CITY, FL 33523-128 US DADE CITY, FL 33523-128 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Cha-P CR2E034 (10/03) 02262004 City & State City & State 4. FEI Number Applied For 59-1418511 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Pedersen</u> JOUG IAS ZITZER, EDMUND F 29129 JOHNSTON ROAD LOT 21-24 Street Address (P.O. Box Number is Not Acceptable) DADE CITY, FL 33523-6128 Tohnston Rd. City 8. The above med entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation s of registered agen Douglas Pedersen 4/1/04 SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) mo of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 - After May-1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE **Change** ■ Addition PEDERSEN, DOUGLAS 29129 Johnston ROAD DADE CITY, FL 33523 PEDERSEN, DOUGLAS NAME NAME STREET ADDRESS 29129 JOHNSTON ROAD #10-3 STREET ADDRESS DADE CITY, FL 33523 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change 🗷 Addition HEWER, NORMAN 29129 Johnston Road *12-3 NAME ZITZER, EDMUND NAME 29129 JOHNSTON RD, 21-24 STREET ADDRESS STREET ADDRESS DADE CITY, FL CITY-ST-ZIP CITY-ST-ZIP DADE City FL 33523 Delete TITLE TITLE ☐ Change Addition TD SPEIRS, WILLIS 29/29 Johnston Road #9-1 DADE CITY, FL 33523 HAINES, JOSEPH NAME NAME 29129 JOHNSTON ROAD, #9-10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33523 CITY-ST-ZIP X Delete TITLE TITLE ☐ Change ★ Addition GRAHAM, MICKEY FORD JOHN 29129 JOHNSTON ROAD \$2504 NAME NAME STREET ADDRESS 29129 JOHNSTON ROAD #2538 STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33523 CITY-ST-ZIP PADE CITY FL 33523 TITLE SD ☐ Delete TITLE ☐ Change **Addition** THOMAS, IRWIN 19119 JOHNSTON ROAD #5-55 LAWLEY DAVID NAME NAME STREET ADDRESS 29129 JOHNSTON ROAD, #4-30 STREET ADDRESS DADE CITY, FL 33523 CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Addition MCLEAN, JOAN MCLEAN, JOAN NAME NAME 29129 JOHNSTON ROAD, #14-21 29129 Johnston Road *14-29 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33523 CITY-ST-ZIP DADE CITY FL 3352 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 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. 4/1/04 352-588-2013 SIGNING OFFICER OR DIRECTOR SIGNATURE: NATURE AND TYPED OR PRINCED NAM

FILED