

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 049 ***150.00



DOCUMENT # 400041
 1. Entity Name
TRAVELERS REST RESORT, INC.

Principal Place of Business Mailing Address
 29129 JOHNSTON RD 29129 JOHNSTON RD
 DADE CITY FL 33523-128 DADE CITY FL 33523-128
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number **59-1418511** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 PEDERSON, DOUGLAS
 29129 JOHNSTON RD.
 #10-3
 DADE CITY FL 33523

7. Name and Address of New Registered Agent
 Name **S LEE KELLAR**
 Street Address (P.O. Box Number is Not Acceptable) **29129 JOHNSTON RD**
21-16
 City **DADE CITY FL** Zip Code **33523-6128**

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 *S. Lee Kellar Corp. Secretary* DATE **3/21/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDERSEN, DOUGLAS 29129 JOHNSTON ROAD #10-3 DADE CITY FL 33523 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWER, NORMAN 29129 JOHNSTON ROAD #12-3 DADE CITY FL 33523 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEIRS, WILLIS 29129 JOHNSTON ROAD #9-1 DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, JOHN 29129 JOHNSTON ROAD #2504 DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODACRE, MARYLOU 29129 JOHNSTON RD #11-32 DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, ERIC 29129 JOHNSTON RD #10-4 DADE CITY FL 33523 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Connell, Colin 29129 Johnston Rd #2644 Dade City FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kellar, S. Lee 29129 Johnston Rd #21-16 Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGADORN, GARY 29129 Johnston Rd #5-17 Dade City, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGADORN, ANTHUR 29129 Johnston Rd #21-10 Dade City, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Goodacre, Marylou 29129 Johnston Rd #11-32 Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Olson, Eric 29129 Johnston Rd #10-4 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 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: *S. Lee Kellar* DATE: **3/21/06** DAYTIME PHONE #: **352-588-9214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #