

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000037939

Entity Name: TRAVELERS ON TWOS, INC

Current Principal Place of Business:

4474 WESTON ROAD
SUITE 279
DAVIE, FL 33331

FILED
Mar 19, 2015
Secretary of State
CC8386793284

Current Mailing Address:

4474 WESTON ROAD
SUITE 279
DAVIE, FL 33331

FEI Number: 46-5539618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, ANGELA
16124 OPAL CREEK DRIVE
WESTON, FL 33331-3122 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name COOPER, CARL
Address 4474 WESTON ROAD #279
City-State-Zip: DAVIE FL 33331

Title TD
Name ANDERSON, ANGELA V
Address 4474 WESTON ROAD #279
City-State-Zip: DAVIE FL 33331

Title SD
Name HOLSTON, WANDA
Address 4474 WESTON ROAD #279
City-State-Zip: DAVIE FL 33331

Title D
Name ANDERSON, SYLVESTER JR.
Address 4474 WESTON ROAD #279
City-State-Zip: DAVIE FL 33331

Title D
Name NICKERSON, WILLIE
Address 4474 WESTON ROAD #279
City-State-Zip: DAVIE FL 33331

Title D
Name ALBURY, CAROL
Address 4474 WESTON ROAD #279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name CAROLYN , WALKER
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name JACKSON, MICHELLE
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVESTER ANDERSON JR.

DIRECTOR

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DARROUGH, KELVIN
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name DOUGLAS, ABROM
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name MARTHA, MENDOZA
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name GLOSLI MADISON, BOBBIE
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title VP
Name DARROUGH, ANDREA
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name DOUGLAS, SOON-JA
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name DAVID, BELL
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331

Title DIRECTOR
Name FALU DIAZ, HECTOR
Address 4474 WESTON ROAD
SUITE 279
City-State-Zip: DAVIE FL 33331