

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 008039

FILED
Feb 10, 2009
Secretary of State

Entity Name: THE S. F. TRAVIS COMPANY

Current Principal Place of Business:

300 DELANNOY AVENUE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

DRAWER 490
COCOA, FL 329230490

New Mailing Address:

FEI Number: 59-0485220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, T M
300 DELANNOY AVE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

OSBORNE, TRAVIS M PRES
300 DELANNOY AVE
COCOA, FL 32922 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: TRAVIS M. OSBORNE

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPM () Delete
Name: OSBORNE, T M
Address: 300 DELANNOY AVENUE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: OSBORNE, REBECCA H
Address: 300 DELANNOY AVENUE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: OSBORNE, MERRILL J
Address: 300 DELANNOY AVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: OSBORNE, ANNE
Address: 300 DELANNOY AVENUE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: OSBORNE, MARY NELLE
Address: 300 DELANNOY AVENUE
City-St-Zip: COCOA, FL 32922

Title: S () Delete
Name: RALAROUICH, SARA O
Address: 300 DELANNOY AVENUE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KALAROVICH, SARA O
Address: 300 DELANNOY AVENUE
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TRAVIS M. OSBORNE

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date