


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90038 017 \*\*\*150.00

<b>DOCUMENT # 237077</b> 1. Entity Name <b>ST. PETERSBURG TRAVEL CENTER, INC.</b>					
Principal Place of Business <b>4400 CENTRAL AVE ST. PETERSBURG FL 33711 US</b>			Mailing Address <b>P.O. BOX 14568 ST. PETERSBURG FL 33733 US</b>		
2. Principal Place of Business <b>St. Petersburg</b>		3. Mailing Address <b>4400 Central Ave</b>			
Suite, Apt. #, etc. <b>---</b>		Suite, Apt. #, etc. <b>---</b>			
City & State <b>St. Petersburg FL</b>		City & State <b>St. Petersburg FL</b>			
Zip <b>33711</b>		Country <b>USA</b>		Zip <b>33733</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>MITTERMAYR, HANNES K 4400 CENTRAL AVE ST PETERSBURG FL 33711</b>			7. Name and Address of New Registered Agent Name <b>None</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 <b>H. L. Mittermayr</b> <span style="float: right;">11/3/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>#6100</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITTERMAYR, ERNESTINE S 7905 11TH AVENUE SOUTH ST PETERSBURG, FL 0 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITTERMAYR, MARKUS A 7132 S SHORE DR. SOUTH S. PASADENA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITTERMAYR, HANNES K 7905 11TH AVENUE SOUTH ST PETERSBURG, FL 0 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <b>H. L. Mittermayr</b> <b>HANNES K. MITTERMAYR</b> <span style="float: right;">2/20/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					