


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 045 ***150.00

DOCUMENT # 237077	
1. Entity Name ST. PETERSBURG TRAVEL CENTER, INC.	

Principal Place of Business 4400 CENTRAL AVE ST PETERSBURG, FL 33711 US	Mailing Address 4400 CENTRAL AVE ST PETERSBURG, FL 33711 US
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50025706

2. Principal Place of Business St. Petersburg Travel Center Phone: 727-327-4444 4400 Central Ave. St. Petersburg, FL 33711	3. Mailing Address Suite, Apt. #, etc. City & State
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08022006 Chg-P CR2E034 (11/05)

Zip	Country	Zip	Country
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4. FEI Number 59-0915232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITTERMAYR, HANNES K 4400 CENTRAL AVE ST PETERSBURG, FL 33711	
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7. Name and Address of New Registered Agent Name <u>Hanna K. Mittermayr</u> Street Address (P.O. Box Number is Not Acceptable) <u>4400 Central Ave</u> City <u>St. Petersburg</u> FL Zip <u>33711</u>	
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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: <u>Hannes K. Mittermayr</u> DATE: <u>Aug. 14, 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITTERMAYR, ERNESTINE S 7905 11TH AVENUE SOUTH ST PETERSBURG, FL 33707 <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 S SOUTH PASADENA, FL 33707 <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 33707 <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
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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 exemptions contained 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 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: <u>Hannes K. Mittermayr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>HANNES K. MITTERMAYR, PRES.</u> <u>8/14/06 727-327-4444</u>

Tel.: 727-327-4444