

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 400041

FILED
Mar 16, 2010
Secretary of State

Entity Name: TRAVELERS REST RESORT, INC.

Current Principal Place of Business:

29129 JOHNSTON RD
DADE CITY, FL 33523128 US

New Principal Place of Business:

Current Mailing Address:

29129 JOHNSTON RD
DADE CITY, FL 33523128 US

New Mailing Address:

FEI Number: 59-1418511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDRUM, JOAN
29129 JOHNSTON RD.
21-16
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD
Name: BUCHSER, DONNALD
Address: 29129 JOHNSTON RD 15-28
City-St-Zip: DADE CITY, FL 33523

Title: PD
Name: HUESTIS, STAVERT
Address: 29129 JOHNSTON RD, 17-22
City-St-Zip: DADE CITY, FL 33523

Title: VD
Name: SHERLOCK, WARREN
Address: 29129 JOHNSTON RD 03-37
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: STAFFORD, DON
Address: 29129 JOHNSTON RD 2554
City-St-Zip: DADE CITY, FL 33523

Title: VD
Name: CARMICHAEL, MAX
Address: 29129 JOHNSTON RD 2629
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: SARBAUGH, DEAN
Address: 29129 JOHNSTON RD 2650
City-St-Zip: DADE CITY, FL 33523

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: RANDY DOELL

GM

03/16/2010

Electronic Signature of Signing Officer or Director

Date