2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 637205

1. Entity Name
INTERNATIONAL TOURNAMENT SKIING, INC.

Principal Place of Business	Mailing Address
20225 CR 33 P.O. BOX 331 GROVELAND, FL 34736 US	P.O. BOX 331 OKAHUMPKA, FL 34762-0331

DO NOT WRITE IN THIS SPACE

03122008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1949209	Applied For
	Not Applicable
5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRAVERS, JOHN W JR
7218 CR 48
YALAHA, FL 34797

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be
Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DST
NAME	TRAVERS, LELANI G
STREET ADDRESS	7218 CR 48
CITY-ST-ZIP	YALAHA, FL

TITLE	PD
NAME	TRAVERS, JOHN W, JR
STREET ADDRESS	7218 CR 48
CITY-ST-ZIP	YALAHA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000964021
04/03/08-80114-010 158.75

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IN THIS SPACE

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: _____   3/14/08   352-424-9087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #