2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007251

Entity Name: TRAVIS DESIGN ASSOCIATES, P.C.

200 CAUGHMAN FARM LANE

LEXINGTON, SC 29072

Address: City-St-Zip: FILED Jan 09, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|--------------------------------|---|--|--|
| 200 CAUG | SHMAN FARM DN, SC 29072 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | SHMAN FARM DN, SC 29072 | LANE | | | |
| FEI Number | : 58-2263378 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1201 HAYI TALLAHAS | SSEE, FL 323 | 01 US | ournose of changing its registere | d office or registered agent, or both, | |
| | e of Florida. | submits this statement for the | ourpose of changing its registere | d office of registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CPT () TRAVIS, ALICE 200 CAUGHMA LEXINGTON, S | N FARM LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VCVP () TRAVIS, RAUL: 200 CAUGHMA LEXINGTON, S | N FARM LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S () TRAVIS, RAUL |) Delete STON L P.E. | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: ALICE TRAVIS CEO 01/09/2008