


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # H52164

1. Entity Name
TRAVCARE, INC.



Principal Place of Business
**4900 SHORELINE CIRCLE
SANFORD, FL 32771**

Mailing Address
**4900 SHORELINE CIRCLE
SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2532791

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RHODES, RONALD H.
4900 SHORELINE CIRCLE
SANFORD, FL 32771**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RHODES, RONALD H. 4900 SHORELINE CIRCLE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RHODES, HAZEL P. 4900 SHORELINE CIRCLE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HART, BOBBILEE 207 W KNOLLWOOD ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BESKE, SUSAN R 5354 BROOKSHIRE CT DOUGLASVILLE, GA 30135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000095772
03/25/04-80002-015 150.00

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: *Ronald H. Rhodes* **RONALD H. RHODES** **TREASURER** **3-9-04** **(407) 324-0185**

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