2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# J07166

Entity Name: ALL TRAVEL CENTER, INC.

Current Principal Place of Business:

3814 CLYDE MORRIS BLVD
SO. DAYTONA, FL 32129 US

New Principal Place of Business:

5889 SO WILLIAMSON BLVD
STE 206
PORT ORANGE, FL 32128 US

Current Mailing Address:

3814 CLYDE MORRIS BLVD
SO. DAYTONA, FL 32129 US

New Mailing Address:

5889 SO WILLIAMSON BLVD
STE 206
PORT ORANGE, FL 32128 US

FEI Number: 59-2662179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTS, DANIEL P.M.
982 WATERFORD POINTE DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

WATTS, DANIEL P.M.
982 WATERFORD POINTE DR
PORT ORANGE, FL 32127 US

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: _____ 04/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: WATTS, DANIEL P.M.
Address: 982 WATERFORD POINTE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: V ( ) Delete
Name: MILLS, RONNIE
Address: 1321 JACKSON WOODS RD
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DANIEL P M WATTS PTSD 04/21/2009
Electronic Signature of Signing Officer or Director — Date