

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 033 ***150.00

DOCUMENT # J29349 1. Entity Name FLORIDA TRAVEL CENTER, INC.			
Principal Place of Business 455 DOUGLAS AVE SUITE 1055 ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 455 DOUGLAS AVE SUITE 1055 ALTAMONTE SPRINGS, FL 32714 US	
2. Principal Place of Business 455 DOUGLAS AVE. Suite, Apt. #, etc. SUITE 1905 A City & State ALTAMONTE SPRINGS, FL Zip 32714		3. Mailing Address 455 DOUGLAS AVE. Suite, Apt. #, etc. SUITE 1905 A City & State ALTAMONTE SPRINGS, FL Zip 32714	
Country US		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 59-2708680	
6. Name and Address of Current Registered Agent MORAN, EDWARD J 900 WOODCRAFT DRIVE APOPKA, FL 32712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN, ULLIAN M 900 WOODCRAFT DRIVE APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORAN, EDWARD J 900 WOODCRAFT DRIVE APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONEY, LYNN A 69 HIGH POINT NORTH DR. NEWNAN, GA 30265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, CRAIG A 2555 FAIRWAYS DR. HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, CARON E 1505 HUNTINGDON CHASE ATLANTA, GA 30350	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPIRO-MORAN, KRISTEN L 3447 KENTSHIRE BLVD. OCFEE, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-18-04 407-880-6942 <small>Date Daytime Phone #</small>	

EDWARD J. MORAN, SEC. TREAS