

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90039 031 ***150.00

DOCUMENT # J29349 1. Entity Name FLORIDA TRAVEL CENTER, INC.					
376 Principal Place of Business 455 DOUGLAS AVE SUITE 1905A 2005 ALTAMONTE SPRINGS, FL 32714 US		376 Address 455 DOUGLAS AVE SUITE 1905A 2005 ALTAMONTE SPRINGS, FL 32714 US			
2. Principal Place of Business* Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02092005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. Fbi Number 59-2708680	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 FL Zip Code	
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: DATE: 2-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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, LILLIAN M 900 WOODCRAFT DRIVE APOPKA, FL 32712	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORAN, EDWARD J 900 WOODCRAFT DRIVE APOPKA, FL 32712	<input type="checkbox"/> Delete <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	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, CRAIG A 2555 FAIRWAYS DR. HOMESTEAD, FL 33035	<input type="checkbox"/> Delete <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	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPIRO-MORAN, KRISTEN L 3447 KENTSHIRE BLVD OCOOEE, FL 34761	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MORAN, CARON E. 3447 KENTSHIRE BLVD. OCOOEE, FL 34761			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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 fees empowered.					
SIGNATURE:		Date: 2-9-05 Daytime Phone #: 407-808-0552			