2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29349

Entity Name: FLORIDA TRAVEL CENTER, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2431 ALOM SUITE 238 WINTER PA	A AVENUE ARK, FL 32792	US		106 WEST MOUNT DO	7TH AVE DRA, FL 32	757 US
Current Mailing Address:				New Mailing Address:		
2431 ALOMA AVE. SUITE 238 WINTER PARK, FL 32792 US				106 WEST MOUNT DO	7TH AVE DRA, FL 321	757 US
FEI Number:	59-2708680	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MORAN, EDWARD J 900 WOODCRAFT DRIVE APOPKA, FL 32712 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:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Do MORAN, LILLIAN I 900 WOODCRAFT APOPKA, FL 327	M T DRIVE		Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	ST () DO MORAN, EDWARD 900 WOODCRAFT APOPKA, FL 327	D J T DRIVE		Title: Name: Address: City-St-Zip:	(()Change ()Addition
Title: Name: Address: City-St-Zip:	D () DO MALONEY, LYNN 69 HIGH POINT NO NEWNAN, GA 302	A ORTH DR.		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	D () Do MORAN, CRAIG A 12501 HOGANS A CHESTER, VA 23	LLEY		Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () DO MORAN, CARON E 900 WOODCRAFT APOPKA, FL 327	E T DRIVE		Title: Name: Address: City-St-Zip:	MORAN, CAR	IGTON CHASE
Title: Name: Address: City-St-Zip:	D () DO CHAPIRO-MORAN 41 TALL TIMBERS NEWNAN, GA 302	N, KRISTEN L S CIRCLE		Title: 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: EDWARD J. MORAN ST 01/08/2008