


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J44811 1. Entity Name THE TRAVEL STATION, INC.	
--	---

FILED

05 APR 29 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10242 N.W. 47TH ST. SUITE 37 SUNRISE, FL 33351	Mailing Address 10242 N.W. 47TH ST. SUITE 37 SUNRISE, FL 33351
---	---



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2743536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FILINGS INC.
 3732 N.W. 16TH ST.
 FORT LAUDERDALE, FL 33311

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

00054126710
03/10/05--01010--021 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HEYMAN, BONNIE
STREET ADDRESS	10242 N.W. 47TH ST, SUITE 37
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	V
NAME	HEYMAN, LESLIE
STREET ADDRESS	3732 NW 16TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	VP
NAME	HEYMAN, TRACIE
STREET ADDRESS	3732 NW 16TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 Leslie Heyman *Heck* President Date 04/29/05 Daytime Phone # 974 712 400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR