


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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



FILED  
 07 APR 27 AM 9:17  
 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



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-2743536 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FILINGS INC.  
 3732 N.W. 16TH ST.  
 FORT LAUDERDALE, FL 33311

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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, 2007 Fee will be \$550.00**

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

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	

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 05/03/07--01011--006 \*\*150.00  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR