

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J44811

1. Entity Name  
THE TRAVEL STATION, INC.



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

FILED

07 APR 27 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 <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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000101267040  
05/03/07--01011--006 \*\*150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #