2007 FOR PROFIT CORPORATION

FILED Feb 12, 2007 08:00 AM ate

	ANNOAL	1751 0171		7	9	Secreta	ry of St
1. Entity Nam	MENT # K36225 TRAVEL CENTER, INC.				,	seci eta.	iy oi st
30228 US 19 N 3022		Mailing Address 30228 US 19 N CLEARWATER, FL 33761 L	0228 US 19 N			eleli elek elek elek e	· 傅弘 王: 高礼 春年 : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	O NOT WRITE	IN THIC COA	CE	02062007	No Chg-P	CR2E034 (11	/05)
	O MOL MAINTE	IIV ITIIO OFA		4. FEI Number 59-2911		}	Applied For Not Applicable
					i Status Desired	□ \$8.75 Fee Re	Additional
· · · · · · · · · · · · · · · · · · ·	5. Name and Address of Current Re-	gistered Agent					
VAN ZYL, JOHAN J 3017 LANDMARK BLVD. #506 PALM HARBOR, FL 34684					NOT W HIS SP		
8. The above the obtigat	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	ed office or register	red agent, or both	, in the State of Flo	rida I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent agneture required	i when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			ncing \$5.00 May Be Added to Fees		U00000633750 02/21/07-80074-014 150.00		
10.	OFFICERS AND DI	RECTORS	1.6				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN ZYL, JOHAN J 3017 LANDMARK BLVD. #506 PALM HARBOR, FL 34684						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME SIREET ADORESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME					HIS SP		

12. I hereby certify that the information supplied with this filling 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 exercise, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

727789-1771

Daytime Phone #