

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37232

FILED
Mar 07, 2005
Secretary of State

Entity Name: ROBERT W. TRAVEN, D.C., P.A.

Current Principal Place of Business:

950 N COURTENAY PKWY
SUITE 1
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

PO BOX 540610
MERRITT ISLAND, FL 32954 US

New Principal Place of Business:

950 N COURTENAY PKWY
SUITE 11
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-2901340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAVEN, ROBERT W
3280 BISCAYNE DR
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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:

Title: DPS () Delete
Name: TRAVEN, ROBERT W
Address: 3280 BISCAYNE DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T () Delete
Name: TRAVEN, PATRICIA M
Address: 837 ROYAL VIEW CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TRAVEN, PATRICIA M
Address: 855 ROYAL VIEW CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA M. TRAVEN

T

03/07/2005

Electronic Signature of Signing Officer or Director

_____ Date