

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006976

FILED
Jul 06, 2006
Secretary of State

Entity Name: BILL TRAVIS, INC.

Current Principal Place of Business:

6542 HYPOLUXO ROAD
SUITE 318
LAKE WORTH, FL 33407

New Principal Place of Business:

Current Mailing Address:

6542 HYPOLUXO ROAD
SUITE 318
LAKE WORTH, FL 33407

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZDANOWICZ, MICHAEL S
14703 CACTUS WREN PLACE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

ZDANOWICZ, MICHAEL S
6542 HYPOLUXO ROAD
SUITE 318
LAKE WORTH, FL 33467 US

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: MICHAEL S. ZDANOWICZ

07/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: TRAVIS, BILL
Address: 6542 HYPOLUXO RD, STE 318
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: ZDANOWICZ, MICHAEL S
Address: 14703 CACTUS WREN PLACE
City-St-Zip: TAMPA, FL 33467

Title: S () Delete
Name: TRAVIS, JAMES
Address: 6542 HYPOLUXO RD, STE 318
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ZDANOWICZ, MICHAEL S
Address: 6542 HYPOLUXO ROAD
City-St-Zip: LAKE WORTH, FL 33467

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. ZDANOWICZ

VP

07/06/2006

Electronic Signature of Signing Officer or Director

Date