


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90038 046 \*\*\*\*61.25

<b>DOCUMENT # N05000006976</b>					
<b>1. Entity Name</b> BILL TRAVIS, INC.					
<b>Principal Place of Business</b> 6542 HYPOLUXO ROAD SUITE 318 LAKE WORTH, FL 33407			<b>Mailing Address</b> 6542 HYPOLUXO ROAD SUITE 318 LAKE WORTH, FL 33407		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05232007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> APPLIED FOR 84-169-5156				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ZDANOWICZ, MICHAEL S 6542 HYPOLUXO ROAD SUITE 318 LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> PT	<b>NAME</b> TRAVIS, BILL	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>STREET ADDRESS</b> 6542 HYPOLUXO RD, STE 318	<b>CITY - ST - ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> VP	<b>NAME</b> ZDANOWICZ, MICHAEL S	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 6542 HYPOLUXO ROAD	<b>CITY - ST - ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> S	<b>NAME</b> TRAVIS, JAMES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 6542 HYPOLUXO RD, STE 318	<b>CITY - ST - ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <i>Michael S. Zdanowicz</i> <span style="float: right;">7-18-07</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					