2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90021 032 ****61.25

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1. Entity Name
TRAVERSE, INC.

400043293

Principal Place of Business	Mailing Address
11700 N 58TH STREET SUITE C TAMPA, FL 33617 US	11700 N 58TH STREET SUITE C TAMPA, FL 33617 US

01232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3211105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLAN, JOSEPH P 10730 N 56TH ST SUITE 210 TAMPA, FL 33617	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSON, MICHAEL F 11408 WALKER RD. THONOTOSASSA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President P Rodney Petty 2347 Merrily Cr South Seffner, Fl 33584	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NOTO, DAISY 3401 NEITER STREET TAMPA, FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-E Christine Mills 912 Silver Ridge Way Valrico, Fl, 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AMHOLZ, CHRISTINE 3934 PARKWAY BLVD LAND O LAKES, FL 34639	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Christine Arnholz 3934 Parkway Blvd Land O'Lakes, Fl 34639	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDIE, LYNN 1214 OAK VALLEY DR. SEFFNER, FL 33584	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Daisy Noto 3401 Neiter Street Tampa, Fl. 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOUGLAS, ALLISON 6638 PERPETUAL LANE ZEPHYRHILLS, FL 33544	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Allison Douglas 6638 Perpetual Lane Zephyrhills, Fl 33544	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, CHRISTINE 912 SILVER RIDLE WAY VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lynn Goldie 1214 Oak Valley Dr Seffner, Fl, 33584	☒ Change ☐ Addition

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.

SIGNATURE: Joseph P. Callan, Esq 1/23/08 813 803 3488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #