

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 046 ****61.25



DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

Principal Place of Business

29129 JOHNSTON ROAD
DADE CITY FL 33523

Mailing Address

29129 JOHNSTON ROAD
DADE CITY FL 33523



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3605060

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

PENDERSEN, DOUGLAS
29129 JOHNSTON ROAD
#10-3
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name

S. LEE KELLAR

Street Address (P.O. Box Number is Not Acceptable)

29129 Johnston Rd
#21-16

City

DADE City

FL

Zip Code

33523-6125

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

S. Lee Kellar

Signature, typed or printed name of registered agent and title if applicable

Corp. Secretary

(NOTE: Registered agent signature required when reinstating)

3/21/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------------|-------------------------|-------------------------------------|
| VD | FORD, JOHN | 29129 JOHNSTON ROAD, #2504 | DADE CITY FL 33523 | <input type="checkbox"/> |
| PD | PEDERSEN, DOUGLAS | 29129 JOHNSTON ROAD 10-3 | DADE CITY FL 33523 | <input checked="" type="checkbox"/> |
| TD | SPEIRS, WILLIS | 29129 JOHNSTON ROAD #9-1 | DADE CITY FL 33523-6128 | <input type="checkbox"/> |
| D | OLSEN, ERIC | 29129 JOHNSTON ROAD, #10-4 | DADE CITY FL 33523 | <input type="checkbox"/> |
| SD | KELLAR, LEE S | 29129 JOHNSTON ROAD, #21-16 | DADE CITY FL 33523 | <input type="checkbox"/> |
| VD | HEWER, NORMAN | 29129 JOHNSTON ROAD 12-3 | DADE CITY FL 33523 | <input checked="" type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|--------------------------|---------------------|-------------------------------------|--|
| D | Halliday, Jeanette | 29129 Johnston Rd #13-20 | Dade City, FL 33523 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| PD | Goodacre, Marylou | 29129 Johnston Rd #11-32 | Dade City, FL 33523 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | HAGADORN, Arthur | 29129 Johnston Rd #21-10 | Dade City, FL 33523 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VD | Olson, Eric | 29129 Johnston Rd #10-4 | Dade City, FL 33523 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | Connell, Colin | 29129 Johnston Rd #2644 | Dade City, FL 33523 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Hardley, Gary | 29129 Johnston Rd #5-17 | Dade City, FL 33523 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

S. Lee Kellar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

352-588-9214