2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90390 006 ****61.25

DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

Principal Place of Business	Mailing Address
29129 JOHNSTON ROAD DADE CITY FL 33523	29129 JOHNSTON ROAD DADE CITY FL 33523

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

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3605060 — 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
KELLAR, S. LEE 29129 JOHNSTON ROAD 21-16 DADE CITY FL 33523	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	VD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	FORD, JOHN	NAME	CONNELL, COLIN
STREET ADDRESS	29129 JOHNSTON ROAD, #2504	STREET ADDRESS	29129 JOHNSTON Rd 2644
CITY ST ZIP	DADE CITY FL 33523	CITY ST ZIP	DADE CITY, FL 33523
TITLE	PD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	GOODACRE, MARYLOU	NAME	MORRISON, NANCY
STREET ADDRESS	29129 JOHNSTON RD 11-32	STREET ADDRESS	29129 JOHNSTON Rd 1733
CITY-ST ZIP	DADE CITY FL 33523	CITY ST ZIP	DADE City FL 33523
TITLE	TD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SPEIRS, WILLIS	NAME	BROWN, MELVILLE
STREET ADDRESS	29129 JOHNSTON ROAD #9-1	STREET ADDRESS	29129 JOHNSTON Rd 0616
CITY ST ZIP	DADE CITY FL 33523-6128	CITY ST ZIP	DADE City, FL 33523
TITLE	VD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	OLSEN, ERIC	NAME	NEWTON, RICHARD
STREET ADDRESS	29129 JOHNSTON ROAD, #10-4	STREET ADDRESS	29129 JOHNSTON Rd 2029
CITY ST ZIP	DADE CITY FL 33523	CITY ST ZIP	DADE CITY, FL 33523
TITLE	SD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	KELLAR, LEE S	NAME	WILLIAMS, MALCOLM
STREET ADDRESS	29129 JOHNSTON ROAD, #21-16	STREET ADDRESS	29129 JOHNSTON Rd 0669
CITY ST-ZIP	DADE CITY FL 33523	CITY ST-ZIP	DADE City, FL 33523
TITLE	D ☐ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	HARDLEY, GARY	NAME	HARDLEY, GARY
STREET ADDRESS	29129 JOHNSTON RD 5-17	STREET ADDRESS	29129 JOHNSTON Rd 0517
CITY-ST-ZIP	DADE CITY FL 33523	CITY ST-ZIP	DADE CITY, FL 33523

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: Mary Lou Goodacre — Mary Lou Goodacre — 03/27/07 — 352-588-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #