
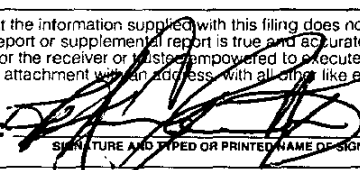


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90292 004 \*\*\*150.00

DOCUMENT # P00000026467					
1. Entity Name TRAVEL & TIMBER, INC.					
Principal Place of Business 5724 SANDPIPER PL FORT MYERS, FL 33919			Mailing Address 5724 SANDPIPER PL FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3632265	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUNNINGHAM, FREDERICK H III 5724 SANDPIPER PLACE FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name: <u>CUNNINGHAM, FREDERICK H, III</u> Street Address (P.O. Box Number is Not Acceptable): <u>625 MARY JANE LN</u> City: <u>ST AUGUSTINE</u> FL <u>32086</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREDERICK, CUNNINGHAM	NAME			
STREET ADDRESS	5724 SANDPIPER PLACE	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: 		Date: <u>4/24/05</u>		Daytime Phone: <u>904 794 2367</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50050847



01192005 Chg-P CR2E034 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name: CUNNINGHAM, FREDERICK H, III  
 Street Address (P.O. Box Number is Not Acceptable):  
625 MARY JANE LN  
 City: ST AUGUSTINE FL 32086

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, CUNNINGHAM	NAME	
STREET ADDRESS	5724 SANDPIPER PLACE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:  Date: 4/24/05 Daytime Phone: 904 794 2367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
50052847  
00000026467  
Division of Corporations



### Annual Report

Document Number  
**P00000026467**  
Business Entity Name  
**TRAVEL & TIMBER, INC.**

FEI Number **593632265**  
FEI Number Status  Applied For  Not Applicable  Current  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

#### Principal Place of Business

Address **5724 SANDPIPER PL**  
Suite, Apt. #, etc.  
City, State **FORT MYERS, FL**  
Zip Code & Country **33919**

625 MARY JANE  
Lane

#### Mailing Address

Address **5724 SANDPIPER PL**  
Suite, Apt. #, etc.  
City, State **FORT MYERS, FL**  
Zip Code & Country **33919**

ST AUGUSTINE,  
FL 32086

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) **CUNNINGHAM, FREDERICK, H, III**

-or- RA Business Name

Address **5724 SANDPIPER PLACE**  
Suite, Apt. #, etc.  
City, State **FORT MYERS, FL**  
Zip Code & Country **33919 US**



If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual. otherwise it constitutes

Attachment  
50050847  
000000.26467  
5/11/05

Sirs/Madams

Address on this form is incorrect; Item was not sent to correct address as shown herein. Forwarding orders at Post office in Ft. Myers has expired.

Inquiry to corp. accountant was able to generate enclosed copy of document with wrong address.

Please wave penalty fee accordingly.

Sincerely,

F. H. Cunningham III



Owner/President  
Travel & Timber, Inc.  
ID# 59-3632265