


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000114049
 1. Entity Name
 TRAVELER MOTEL, INC.



| | |
|---|---|
| Principal Place of Business 408 EAST SHORE DRIVE CLEARWATER BEACH, FL 33767 | Mailing Address 408 EAST SHORE DRIVE CLEARWATER BEACH, FL 33767 |
|---|---|

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E054 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3688829 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 DAY, EDWIN
 408 EAST SHORE DRIVE
 CLEARWATER BEACH, FL 33767

DO NOT WRITE IN THIS SPACE

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 rechartering)

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | UD0000051510 02/16/04-80054-017 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DAY, EDWIN 408 EAST SHORE DRIVE CLEARWATER BEACH, FL 33767 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: EDWIN DAY **EDWIN DAY** 2-12-04 727 442 3217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #