


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
 649 HIGHWAY 40 W.
 INGLIS, FL 34449-9316

Mailing Address
 649 HIGHWAY 40 W.
 INGLIS, FL 34449-9316



04282008 No Chg-P CR2E034 (11/05)

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4. FEI Number
 59-3688829 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, EDWIN
 649 HIGHWAY 40 W
 INGLIS, FL 34449

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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)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

1100000933342

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAY, EDWIN
STREET ADDRESS	649 HIGHWAY 40 W
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	DAY, LEA
STREET ADDRESS	649 HIGHWAY 40 W
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/23/08-80012-009 150.00

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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 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 PRESIDENT. 4.29.08 352-447-7463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #