

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000001550**

1. Entity Name  
**TRAVELERS' REQUEST, INC.**



Principal Place of Business  
**1000 BLVD OF THE ARTS  
SARASOTA, FL 34236**

Mailing Address  
**1000 BLVD OF THE ARTS  
SARASOTA, FL 34236**



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0023272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ETIENNE, ROMY  
1000 BLVD OF THE ARTS  
SARASOTA, FL 34236**

**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

*Romy Etienne Viard Romy Etienne, Reg. Agent.*  
(NOTE: Registered Agent signature required when reinstating)

**4-1-07**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	ETIENNE-VIARD, ROMY
STREET ADDRESS	1000 BLVD OF THE ARTS
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	ASAT
NAME	VIARD, JAMES R
STREET ADDRESS	1000 BLVD OF THE ARTS
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80073-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Romy Etienne Viard Romy Etienne, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-07**  
Date

**944-952-1703**  
Daytime Phone #