2006, FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P02000018535** 1. Entity Name TRAVACON, INC. Principal Place of Business Mailing Address 220 EAST CENTRAL PARKWAY 220 EAST CENTRAL PARKWAY **SUITE 1020 SUITE 1020** ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 US 03022006 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent DICKS, JACK W 220 EAST CENTRAL PARKWAY **SUITE 1020** ALTAMONTE SPRINGS, FL 32701

FILED Mar 29, 2006 08:00 AM Secretary of State



5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

DO NOT WRITE IN THIS SPACE

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the obligat	named entity submits this statement for the long of registered agent.	purpose of changing its registere	d office or r	egislered agent, or i	ooth, in the State of Florida. I am lamiliar with, and acc
SIGNATURE Signature, typed or printed name of registered agent and title it amplicable (NOTE: Registered Agent a greature required when reinstating) DATE					
FILE NOWIII FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00		Election Cempaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
16.	OFFICERS AND DIRE	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICKS, JAMES 220 E. CENTRAL PARKWAY, SUITE ALTAMONTE SPRINGS, FL 32701	1020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					UDBDB0484754 04/12/06-88056-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WRITE
NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
ITILE NAME STREET ADDRESS CITY-ST-ZIP					
ITTLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not quality 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 different indicated on this report or supplemental report is true and officer or different indicated on this report or supplementation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1D or Block changed, or on an attackment with an address, with all other like empowered.

CICMATIDE.