


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90044 043 ***150.00

DOCUMENT # P03000134700	
1. Entity Name JAMY TRAVIS, INC.	

Principal Place of Business 4210 NEW HAVEN CT PORT ORANGE, FL 32127	Mailing Address 4210 NEW HAVEN CT PORT ORANGE, FL 32127
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40054708

2. Principal Place of Business 5557 LANCEWOOD DR	3. Mailing Address 5557 LANCEWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
Zip 32127	Zip 32127
Country USA	Country USA



04082005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent TRAVIS, JAMY 4210 NEW HAVEN CT PORT ORANGE, FL 32127	
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4. FEI Number 51-0488313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TRAVIS, JAMY 4210 NEW HAVEN CT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Jamy Travis **JAMY TRAVIS** 4-10-05 386-852-1406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #