


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90247 026 \*\*\*150.00

<b>DOCUMENT # P03000134700</b>	
1. Entity Name <b>JAMY TRAVIS, INC.</b>	

Principal Place of Business <b>5557 LANCEWOOD DR PORT ORANGE FL 32127</b>	Mailing Address <b>5557 LANCEWOOD DR PORT ORANGE FL 32127</b>
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2. Principal Place of Business <b>5815 WALES AVE</b>	3. Mailing Address <b>5815 WALES AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT ORANGE, FL</b>	City & State <b>PORT ORANGE, FL</b>
Zip <b>32127</b>	Zip <b>32127</b>
Country	Country

4. FEI Number <b>51-0488313</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TRAVIS, JAMY 4210 NEW HAVEN CT PORT ORANGE FL 32127</b>	
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7. Name and Address of New Registered Agent	
Name <b>JAMY TRAVIS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5815 WALES AVE</b>	
City <b>PORT ORANGE</b>	FL Zip Code <b>32127</b>

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 *Jamy Travis* DATE 4-24-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD TRAVIS, JAMY 4210 NEW HAVEN CT PORT ORANGE FL 32127</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMY TRAVIS 5815 WALES AVE PORT ORANGE, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jamy Travis* **JAMY TRAVIS** 4-24-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #