

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000018303**

1. Entity Name  
TRAVERIA, INC.



Principal Place of Business  
4770 JULINGTON CREEK ROAD  
JACKSONVILLE, FL 32258

Mailing Address  
4770 JULINGTON CREEK ROAD  
JACKSONVILLE, FL 32258

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
33-1081585

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

TRAVERIA, GEORGE I  
4770 JULINGTON CREEK ROAD  
JACKSONVILLE, FL 32258

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TRAVERIA, GEORGE I  
STREET ADDRESS 4770 JULINGTON CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE D  
NAME TRAVERIA, PATRICIA R  
STREET ADDRESS 4770 JULINGTON CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000496388  
04/22/06-80035-008 150.0

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Traveria  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06  
Date

Daytime Phone #