


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P04000167943 1. Entity Name FLORIDA TRAVELCENTER - TRUCKSTOP GROUP, INC.		
Principal Place of Business P O BOX 13086 TALLAHASSEE, FL 32317	Mailing Address P O BOX 13086 TALLAHASSEE, FL 32317	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DICK, STEPHEN S 2322 CLARE DR TALLAHASSEE, FL 32309		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		05022007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2875669 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable U000000762352 05/29/07-80004-006 150.00 DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DICK, STEPHEN S 2322 CLARE DR TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DICK, KAY C 2322 CLARE DR TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		05-01-07 \$42191.00 Date Daytime Phone #