

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000142895

1. Entity Name
TRAVERS CONSTRUCTION, INC.



Principal Place of Business
219 IBIS AVENUE
SEBRING, FL 33872

Mailing Address
219 IBIS AVENUE
SEBRING, FL 33872

DO NOT WRITE IN THIS SPACE



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1718974

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAVERS, JAMES RYE
219 IBIS AVENUE
SEBRING, FL 33872

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PT
NAME TRAVERS, JAMES RYE
STREET ADDRESS 219 IBIS AVENUE
CITY-ST-ZIP SEBRING, FL 33872

TITLE VS
NAME TRAVERS, JOEL DAVID
STREET ADDRESS 219 IBIS AVENUE
CITY-ST-ZIP SEBRING, FL 33872

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07/24/08-80003-027 158.75

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

SIGNATURE: *J. Travers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #