



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90150 046 ***150.00

DOCUMENT # P94000093505 1. Entity Name TRAVIS TRANSPORTATION, INC.					
Principal Place of Business 5811 W. O. GRIFFIN ROAD PLANT CITY, FL 33567			Mailing Address <i>16528 N. Dale Mabry Hwy</i> 3355 BEARSS AVE TAMPA, FL 33618		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i> Suite, Apt. #, etc.			
City & State		City & State <i>Tampa, FL</i>		4. FEI Number 59-2684214	
Zip		Zip <i>33618</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE <i>16528 N. Dale Mabry Hwy</i> TAMPA, FL 33618				7. Name and Address of New Registered Agent Name <i>Sanders, Walter</i> Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy</i> City <i>Tampa</i> FL Zip Code <i>33618</i>	
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 <i>Walter Sanders</i> <i>Walter Sanders</i> 2/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHN, TRAVIS 5811 W. O. GRIFFIN ROAD PLANT CITY, FL 33567			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAHN, ROBIN 5811 W. O. GRIFFIN ROAD PLANT CITY, FL			<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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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: <i>Robin Rahn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-26-05 813 737 3634 <small>Date Daytime Phone #</small>	