


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90008 012 \*\*\*150.00

<b>DOCUMENT # P96000042340</b> 1. Entity Name <b>SUPER 20 TRAVEL MART CORPORATION</b>	
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Principal Place of Business <b>11867 N. WILLIAM ST DUNNELLON, FL 34432</b>	Mailing Address <b>11867 N. WILLIAM ST DUNNELLON, FL 34432</b>
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07032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3397580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent <b>LEHEN, JACK A 5422 THERESA RD TAMPA, FL 33615</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

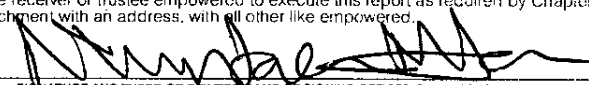
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$55.00 150<sup>12</sup> Due by September 8, 2004</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	VP JABER, AMJED M 11865 N. WILLIAM ST. DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JABER, MUNTASER M 11867 N. WILLIAM ST. DUNNELLON, FL 34432
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **7/12/04** **352-489-1494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #