

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90021 018 ***150.00

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1. Entity Name
TRAVSON, INC.



Principal Place of Business
**6333 NE JACKSONVILLE RD
OCALA, FL 34479**

Mailing Address
**PO BOX 160
OCALA, FL 34478**

54023133

2. Principal Place of Business

3. Mailing Address

6333 NE Jacksonville Rd



03112004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

4. FEI Number
59-3581859

Applied For
Not Applicable

Zip Country

Zip Country

34479 Marion

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTSON, NEIL C
6333 NE JACKSONVILLE RD
OCALA, FL 34479**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MATTSON, NEIL C**
STREET ADDRESS **6333 NE JACKSONVILLE RD**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **VP** ☐ Delete
NAME **MATTSON, KATHRYN B**
STREET ADDRESS **6333 NE JACKSONVILLE RD**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **D** ☐ Delete
NAME **MATTSON, TRAVIS C**
STREET ADDRESS **6333 NE JACKSONVILLE RD**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **D** ☐ Delete
NAME **MATTSON, MICHELLE**
STREET ADDRESS **6333 NE JACKSONVILLE RD**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIP

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

SIGNATURE:

NEIL C. MATTSON

3-24-04 352-6294522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #