


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90011 047 ***150.00

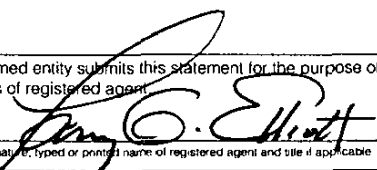
DOCUMENT # P99000110932		
1. Entity Name STATE LINE TRAVEL CENTERS, INC.		

Principal Place of Business 1315 LEMOND STREET TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 455 TALLAHASSEE, FL 32302
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2. Principal Place of Business - No P.O. Box # 1435 PIEDMONT DR E	3. Mailing Address 1435 PIEDMONT DR. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

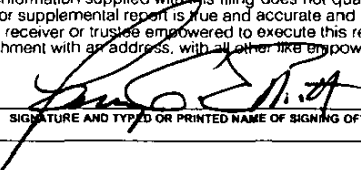
City & State TALLAHASSEE FL	City & State TALLAHASSEE, FL
Zip 32308	Zip 32308
Country US	Country US

6. Name and Address of Current Registered Agent ELLIOTT, LARRY G 2910 KERRY FOREST PARKWAY TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name ELLIOTT, LARRY G. Street Address (P.O. Box Number is Not Acceptable) 1435 PIEDMONT DR. E. City TALLAHASSEE FL Zip Code 32308	
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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 	DATE 3-26-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEAVY, DELACEY III P.O. BOX 455 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEAVY, DELACEY III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1435 PIEDMONT DR. E. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELLIOTT, LARRY P.O. BOX 455 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELLIOTT, LARRY G. 1435 PIEDMONT DR. E. TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KRAUSE, JOHN PAT <input checked="" type="checkbox"/> Delete P.O. BOX 455 TALLAHASSEE, FL 32302	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KRAUSE, ANNETTE B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1315 LEMOND ST. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 3-26-07 850-668-2008