

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000218

**Entity Name:** TRAVEL LITE, INC.

**Current Principal Place of Business:**

71913 COUNTY ROAD 23  
NEW PARIS, IN 46553

**Current Mailing Address:**

71913 COUNTY ROAD 23  
NEW PARIS, IN 46553 US

**FEI Number: 35-2043169**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            JOHNS, DUSTIN  
Address        71913 COUNTY ROAD 23  
City-State-Zip: NEW PARIS IN 46553

Title            DIRECTOR  
Name            JOHNS, DUSTIN  
Address        71913 COUNTY ROAD 23  
City-State-Zip: NEW PARIS IN 46553

Title            CFO  
Name            JOHNS, LINDSEY  
Address        71913 COUNTY ROAD 23  
City-State-Zip: NEW PARIS IN 46553

Title            DIRECTOR  
Name            JOHNS, LINDSEY  
Address        71913 COUNTY ROAD 23  
City-State-Zip: NEW PARIS IN 46553

Title            SECRETARY  
Name            JOHNS, LINDSEY  
Address        71913 COUNTY ROAD 23  
City-State-Zip: NEW PARIS IN 46553

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DUSTIN JOHNS**

**DIRECTOR**

**03/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date