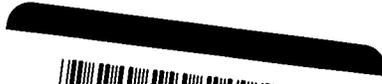


File Number:  
**84-6056**

For the reporting period ended  
December 31, **2004**



**06050975**

SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20540

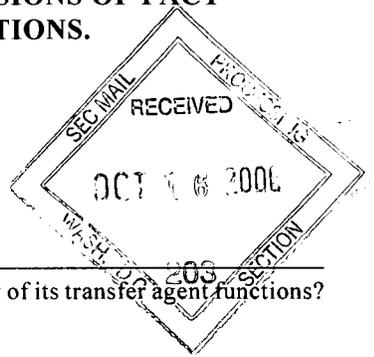
**OMB APPROVAL**

OMB Number: 3235-0337  
Expires: September 30, 2006  
Estimated average burden  
hours per full response . . . 6.00  
Estimated average burden  
hours per intermediate  
response . . . . .1.50  
Estimated average burden  
hours per minimum  
response . . . . .50

**FORM TA-2**

**FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS  
REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934**

**ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT  
CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.  
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)**



1. Full name of Registrant as stated in Question 3 of Form TA-1:  
(Do not use Form TA-2 to change name or address.)

**Travelers Rest Resort, Inc**

2. a. During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent functions?  
(Check appropriate box.)

All                       Some                       None

b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged:

| Name of Transfer Agent(s): | File No. (beginning with 84- or 85- ): |
|----------------------------|--|
|                            |  |
|                            |  |
|                            |  |
|                            |  |
|                            |  |
|                            |  |
|                            |  |
|                            |  |
|                            |  |
|                            |  |

**PROCESSED**  
**OCT 18 2006**  
**THOMSON FINANCIAL**

c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions?

Yes                       No

d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.)

| Name of Transfer Agent(s): | File No. (beginning with 84- or 85- ): |
|----------------------------|--|
|                            |  |
|                            |  |
|                            |  |
|                            |  |

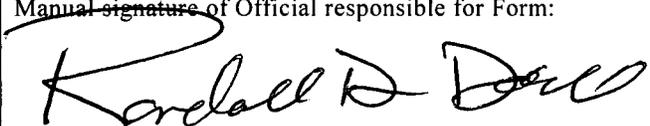
*Handwritten initials and date: KA 10/17*

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

| Date of Database Search | Number of Lost Securityholder Accounts Submitted for Database Search | Number of Different Addresses Obtained from Database Search |
|-------------------------|--|---|
| 1/11/2004               | 1  | 2   |
| 2/2/2004                | 4  | 3   |
| 2/2 /2004               | 1  | 2   |
| 2/3 /2004               | 1  | 6   |

b. Number of lost securityholder accounts that have been remitted to states during the reporting period: ..... Eight (8)

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

|   |   |
|---|---|
| Manual signature of Official responsible for Form:<br> | Title:<br><b>General Manager</b><br>Telephone number: <b>352-588-2013</b> |
| Name of Official responsible for Form:<br>(First name, Middle name, Last name)<br><br><b>Randall D. Doell</b>                           | Date signed<br>(Month/Day/Year):<br><br><b>02/20/04</b>                   |