


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90156 041 \*\*\*150.00

<b>DOCUMENT # K86241</b>					
1. Entity Name COLLEGIATE VILLAGE INN, INC.					
Principal Place of Business 311 ALTAMONTE COMMERCE BLVD SUITE 1612 ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 311 ALTAMONTE COMMERCE BLVD SUITE 1612 ALTAMONTE SPRINGS, FL 32714 US			
2. Principal Place of Business <b>11850 UNIVERSITY BLVD</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>ORLANDO, FL</b>		City & State		4. FEI Number <b>59-2957408</b>	
Zip <b>32714</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ANDERSON, KATHLEEN S 311 ALTAMONTE COMMERCE BLVD. STE 1612 ALTAMONTE SPRINGS, FL 32779</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMETREE, MARY L.	NAME			
STREET ADDRESS	11850 UNIVERSITY BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL,	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEGRAM, GEROGUE	NAME			
STREET ADDRESS	11850 UNIVERSITY BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, KATHLEEN	NAME			
STREET ADDRESS	11850 UNIVERSITY BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMETREE, WILLIAM C JR	NAME			
STREET ADDRESS	11850 UNIVERSITY BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMETREE, WILLIAM C SR	NAME			
STREET ADDRESS	11850 UNIVERSITY BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		4/29/05	Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			