


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # K86241 1. Entity Name COLLEGIATE VILLAGE INN, INC.	
---	---

Principal Place of Business 11850 UNIVERSITY BLVD ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 311 ALTAMONTE COMMERCE BLVD SUITE 1612 ALTAMONTE SPRINGS, FL 32714 US
--	--



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ANDERSON, KATHLEEN S 311 ALTAMONTE COMMERCE BLVD. STE 1612 ALTAMONTE SPRINGS, FL 32779	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000925154 05/20/08-80015-011 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DEMETREE, MARY L. 11850 UNIVERSITY BLVD ORLANDO FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEGRAM, GEROG E 11850 UNIVERSITY BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, KATHLEEN 11850 UNIVERSITY BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, WILLIAM C JR 11850 UNIVERSITY BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, SARA N 3348 EDGEWATER DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 4.25.08 Daytime Phone #: 407.380.1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR