


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 015 ***150.00

DOCUMENT # P00000023333	
1. Entity Name SNOOKBUSH HOTEL, INC.	

Principal Place of Business 2600 LAKE LUCIEN DRIVE STE 207 MAITLAND, FL 32751	Mailing Address 2600 LAKE LUCIEN DRIVE STE 207 MAITLAND, FL 32751
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40026306



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHIGHAM, FRANK C
1001 HEATHROW PARK LANE STE 4001
LAKE MARY, FL 32746

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHIGHAM, FRANK C 1001 HEATHROW PK LN STE 401 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REED, DONALD 530 E FIRST ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLEMAN, ROGER B 2600 LAKE LUCIEN DR STE 207 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BURTON, HERMAN A 3323 WHITNER WAY SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Roger B. Coleman  2-22-07 407-660-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #