

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023333

FILED
Jan 07, 2009
Secretary of State

Entity Name: SNOOKBUSH HOTEL, INC.

Current Principal Place of Business:

2600 LAKE LUCIEN DRIVE
STE 207
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2600 LAKE LUCIEN DRIVE
STE 207
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3643808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WHIGHAM, FRANK C
Address: 1001 HEATHROW PK LN STE 401
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: REED, DONALD
Address: 530 E FIRST ST
City-St-Zip: SANFORD, FL 32771

Title: ST () Delete
Name: COLEMAN, ROGER B
Address: 2600 LAKE LUCIEN DR STE 207
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: BURTON, HERMAN A
Address: 3323 WHITNER WAY
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROGER B. COLEMAN

ST

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date