


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000024930 1. Entity Name FORTUNE STREET HOTEL, INC.	
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Principal Place of Business 111 WEST FORTUNE ST. TAMPA, FL 33602	Mailing Address 111 WEST FORTUNE ST. TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3612635	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

CALLEN, ANDRE P
111 WEST FORTUNE ST.
TAMPA, FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	U000000949144 06/03/08-80016-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, CALLEN 111 W. FORTUNE ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD O'NEILL, DESIREE C 111 W. FORTUNE ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CALLEN, LANCE 111 W. FORTUNE ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLEN, ROBIN 111 W. FORTUNE ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLEN, ANDRE 111 W. FORTUNE ST TAMPA, FL 33602
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:  Andre P. Callen 4/30/08 (813) 229-6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #