

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90081 042 \*\*\*158.75



**DOCUMENT # P00000048827**  
 1. Entity Name  
**PRIDE HOSPITALITY, INC.**

Principal Place of Business      Mailing Address  
**4105 FOXTAIL COURT**      **PO BOX 420729**  
**KISSIMMEE FL 34746**      **KISSIMMEE FL 34742**



1st MOORE      CR2E034 (10/05)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3655792**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**METCALFE, DAVID J**  
**4105 FOXTAIL COURT**  
**KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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 \_\_\_\_\_  
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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PSD                | <input checked="" type="checkbox"/> Delete |
| NAME           | METCALFE, DAVID    |  |
| STREET ADDRESS | 4105 FOXTAIL COURT |  |
| CITY-ST-ZIP    | KISSIMMEE FL 34746 |  |
| TITLE          | VPTD               | <input type="checkbox"/> Delete            |
| NAME           | LANGHAM, STEPHEN   |  |
| STREET ADDRESS | 2450 GRANADA BLVD  |  |
| CITY-ST-ZIP    | KISSIMMEE FL 34746 |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |         |  |
|----------------|---------|--|
| TITLE          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |         |  |
| STREET ADDRESS |         |  |
| CITY-ST-ZIP    |         |  |
| TITLE          | PSVPTD. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |         |  |
| STREET ADDRESS |         |  |
| CITY-ST-ZIP    |         |  |
| TITLE          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |         |  |
| STREET ADDRESS |         |  |
| CITY-ST-ZIP    |         |  |
| TITLE          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |         |  |
| STREET ADDRESS |         |  |
| CITY-ST-ZIP    |         |  |
| TITLE          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |         |  |
| STREET ADDRESS |         |  |
| CITY-ST-ZIP    |         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: S. LANGHAM      S. LANHAM      3/1/06      (407)870-2371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #