

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90028 031 ***150.00

DOCUMENT # P03000046839

1. Entity Name

DRIFTWOOD MOTEL OF JENSEN BEACH, INC.



Principal Place of Business

**4150 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957**

Mailing Address

**4150 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Martin

Zip

Country

Martin

4. FEI Number

90-0134890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNSHEE, IRENE
4150 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957**

*Name change
Same*

Name

Gomes, Irene

Street Address (P.O. Box Number is Not Acceptable)

Same 4150 NE Indian River Drive

City

Jensen Beach

FL

Zip Code

34957

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

Irene Gomes Irene Gomes

2/19/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D President* ☐ Delete
NAME **DUNSHEE, IRENE**
STREET ADDRESS **4150 NE INDIAN RIVER DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE *President* ☒ Change ☐ Addition
NAME *Gomes, Irene* *name change*
STREET ADDRESS *married 5-17-03*
CITY-ST-ZIP

TITLE *D Secretary* ☐ Delete
NAME **GOMES, BOB**
STREET ADDRESS **4150 NE INDIAN RIVER DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Irene Gomes Irene Gomes 2/19/04 772-528-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #