2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90001 035 ***150.00

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DOCUMENT # 201206

1. Entity Name
GILL HOTELS COMPANY

Principal Place of Business	Mailing Address
1140 SEABREEZE BOULEVARD FT. LAUDERDALE, FL 33335	1140 SEABREEZE BOULEVARD FT. LAUDERDALE, FL 33335

03202003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1140 Seabreeze Boulevard	P.O.Box 21277
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33316 Country: USA	Zip: 33335 Country: USA

4. FEI Number 59-0799980 ☐ 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
VALDES-FAULI CORPORATE SERVICES, INC. 2 BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO GILL, GEORGE W JR 1140 SEABREEZE BOULEVARD FT. LAUDERDALE, FL 33335	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO Gill, George W Jr 1140 Seabreeze Boulevard Fort Lauderdale, FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GILL, LINDA H 1140 SEABREEZE BLVD FORT LAUDERDALE, FL 33335	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Gill, Linda L 1140 Seabreeze Boulevard Fort Lauderdale, FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS GILL, MARY H 1140 SEABREEZE BLVD FORT LAUDERDALE, FL 33335	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Gill, Mary H 1140 Seabreeze Boulevard Fort Lauderdale, FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Linda A. Gill 5/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #