

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000014122

**Entity Name:** SEDULOUS HOSPITALITY SERVICES INC.

**Current Principal Place of Business:**

149 WEST 20TH STREET  
APOPKA, FLORIDA, FL 32703

**Current Mailing Address:**

149 WEST 20TH STREET  
N/A  
APOPKA, FLORIDA, US 32703 UN

**FEI Number:** 85-1388769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCRAE, ORVILLE K  
9502 CLARENCE STREET, LOT 4  
LOT 4  
PANAMA CITY BEACH FLORIDA, FL 32407 US

*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

**Officer/Director Detail :**

Title P  
Name NANCE, NASHANDA T  
Address 149 WEST 20TH STREET  
City-State-Zip: APOPKA, FLORIDA FL 32703

Title VP  
Name NANCE, JEREMY E  
Address 149 WEST 20TH STREET  
City-State-Zip: APOPKA, FLORIDA FL 32703

Title N/A  
Name N/A, N/A  
Address NA  
City-State-Zip: NA NA N/A

Title N/A  
Name NA, NA N/A  
Address NA  
City-State-Zip: NA FL 32703

Title N/A  
Name N/A, N/A NA  
Address N/A  
City-State-Zip: N/A NA N/A

Title NA  
Name N/A, N/A N/A  
Address NA  
City-State-Zip: NA FL 32703

*I hereby 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 all other like empowered.*

**SIGNATURE:** NASHANDA NANCE

**PRESIDENT**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date