

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 150790**

1. Entity Name  
**DOWLING HOTELS, INC.**



Principal Place of Business  
**11800 GULF BLVD  
TREASURE ISLAND, FL 33706**

Mailing Address  
**11800 GULF BLVD  
TREASURE ISLAND, FL 33706**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0731287</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DOWLING, RICHARD L  
11800 GULF BLVD  
TREASURE ISLAND, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

I, 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-issuing) DATE:

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DOWLING, RICHARD L
STREET ADDRESS	138-107TH AVE, #111
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	SD
NAME	DOWLING, MARY L
STREET ADDRESS	13525 MARIA DR.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VP
NAME	DOWLING, ROBERT W
STREET ADDRESS	6711 DATE PALM AVENUE S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	VP
NAME	DOWLING, JAMES A
STREET ADDRESS	6835 4TH AVE N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

Date, time, phone #

727 317-1919