

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 282214

1. Entity Name
ACCOMMODATIONS INC



Principal Place of Business
200 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301-7707 US

Mailing Address
200 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301-7707 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1052080

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

WAITS, THOMAS A.
200 W COLLEGE AVE
TALLAHASSEE, FL 32302

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 SD ☐ Delete
NAME CHERNIAVSKY, TOM
STREET ADDRESS MILE MARKER 61
CITY-ST-ZIP MARATHON, FL 33050

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

TITLE CED ☐ Delete
NAME SANSBURY, MICHAEL
STREET ADDRESS 6800 LAKEWOOD PLAZA DR
CITY-ST-ZIP ORLANDO, FL 32819

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

TITLE PCD ☒ Delete
NAME BROWN, GARY
STREET ADDRESS 2441 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE SD ☐ Change ☒ Addition
NAME DALE HANEY
STREET ADDRESS 200 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEH, FL 32082-1810

TITLE PCEO ☐ Delete
NAME WAITS, THOMAS A
STREET ADDRESS 200 W COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000039730880
07/30/04--01041--005 **550.00

TITLE T ☐ Delete
NAME MOULTON, KATHERINE K
STREET ADDRESS 1620 GULF OF MEXICO DR.
CITY-ST-ZIP LONGHOAT KEY, FL 342283499

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

TITLE C ☐ Delete
NAME WRIGHT, PHILIP D
STREET ADDRESS 2000 HOTEL PLAZA BLVD
CITY-ST-ZIP LAKE BUENA VISTA, FL 32830

TITLE PCD ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JUL 23 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MRS

7/1/04