

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005701

FILED  
Mar 13, 2004  
Secretary of State

**Entity Name:** PROFESSIONAL HOTEL MANAGEMENT, INC.

**Current Principal Place of Business:**

3380 SHEFFIELD CIRCLE  
SARASOTA, FL 34277

**New Principal Place of Business:**

4787 COUNTRY MANOR DRIVE  
SARASOTA, FL 34233

**Current Mailing Address:**

3380 SHEFFIELD CIRCLE  
SARASOTA, FL 34277

**New Mailing Address:**

P. O. BOX 5889  
SARASOTA, FL 342775889

**FEI Number:** 58-2086072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TYNER, LARRY T  
4787 COUNTRY MANOR DR  
SARASOTA, FL 34233

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CDPS ( ) Delete  
Name: TYNER, LARRY T SR.  
Address: P.O. BOX 5889  
City-St-Zip: SARASOTA, FL 34277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

**SIGNATURE:** LARRY T. TYNER, SR.

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03/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date