

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90043 043 \*\*\*150.00

**DOCUMENT # F04000005103**

1. Entity Name  
**GUEST SERVICES - EVERGLADES, INC.**



Principal Place of Business  
**3055 PROSPERITY AVENUE  
FAIRFAX, VA 22031-2290**

Mailing Address  
**3055 PROSPERITY AVENUE  
FAIRFAX, VA 22031-2290**

**40002108**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**53-0164700**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GABRYS, GERARD T  
STREET ADDRESS 3712 KRYSIA CT  
CITY-ST-ZIP ANNANDALE, VA 22003

TITLE VT  
NAME MARQUIS, JEFFREY A  
STREET ADDRESS 3274 PONE RIDGE WAY  
CITY-ST-ZIP OAKTON, VA 22124

TITLE S  
NAME VERNER, DOUGLAS H  
STREET ADDRESS 6612 STRUTTMANN LANE  
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE V  
NAME HALLAGAN, RONALD T  
STREET ADDRESS 1900 VARGO COURT  
CITY-ST-ZIP MCLEAN, VA 22101

TITLE C  
NAME STONER, RODNEY G  
STREET ADDRESS 300 WEST MAIN ST  
CITY-ST-ZIP WHITE SULPHUR SPRINGS, WV 24986

TITLE D  
NAME O'BRIEN, GERALD W  
STREET ADDRESS 15 ISLE OF VENICE, #3  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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: DOUGLAS H. VERNER 01/10/05 (703) 849-9363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #