


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90326 046 \*\*\*150.00

<b>DOCUMENT # F05000001713</b> 1. Entity Name - <b>JACKSONVILLE HOTEL HOLDINGS, INC.</b>					
Principal Place of Business <b>10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448</b>			Mailing Address <b>10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2464154</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MACCUTCHEON, JAMES A 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANLEY, KEVIN P 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, PAMELA P 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARCZAK, CHARLES G JR. 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCDO HARTIG, RANDALL R 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D KEVIN P. HANLEY 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/G/S/D PAMELA M. WILLIAMS 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/C/T/D CHARLES G. WARCAK, JR. 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDALL R. HARTIG 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>April 24, 2008</u> Daytime Phone #: <u>301-592-3591</u>			
<b>PAMELA M. WILLIAMS</b>					