

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001713

FILED
Apr 17, 2009
Secretary of State

Entity Name: JACKSONVILLE HOTEL HOLDINGS, INC.

Current Principal Place of Business:

4660 SALISBURY ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

10770 COLUMBIA PIKE
SUITE 200
SILVER SPRING, MD 20901

Current Mailing Address:

10770 COLUMBIA PIKE, SUITE 200
SILVER SPRING, MD 209014448

New Mailing Address:

10770 COLUMBIA PIKE
SUITE 200
SILVER SPRING, MD 20901

FEI Number: 20-2464154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: PCD () Delete
Name: HANLEY, KEVIN P
Address: 10770 COLUMBIA PIKE, SUITE 200
City-St-Zip: SILVER SPRING, MD 209014448

Title: VGSD () Delete
Name: WILLIAMS, PAMELA P
Address: 10770 COLUMBIA PIKE, SUITE 200
City-St-Zip: SILVER SPRING, MD 209014448

Title: VCTD () Delete
Name: WARCZAK, CHARLES G JR.
Address: 10770 COLUMBIA PIKE, SUITE 200
City-St-Zip: SILVER SPRING, MD 209014448

Title: V () Delete
Name: HARTIG, RANDALL R
Address: 10770 COLUMBIA PIKE, SUITE 200
City-St-Zip: SILVER SPRING, MD 209014448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCT (X) Change () Addition
Name: WARCZAK, CHARLES G JR.
Address: 10770 COLUMBIA PIKE, SUITE 200
City-St-Zip: SILVER SPRING, MD 209014448

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES G. WARCZAK, JR.

VCT

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date