

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006595

Entity Name: HOTEL KIOSKS INC.

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

600 BYPASS DRIVE  
SUITE 110  
CLEARWATER, FL 33764

## New Principal Place of Business:

## Current Mailing Address:

600 BYPASS DRIVE  
SUITE 110  
CLEARWATER, FL 33764

## New Mailing Address:

FEI Number: 20-0262749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PATRICK, GARY  
600 BYPASS DRIVE  
SUITE 110  
CLEARWATER, FL 33764 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PATRICK, GARY  
Address: 600 BYPASS DRIVE, STE 110  
City-St-Zip: CLEARWATER, FL 33764

Title: DVP ( ) Delete  
Name: DOBBE, STEVE  
Address: 600 BYPASS DRIVE, STE 110  
City-St-Zip: CLEARWATER, FL 33764

Title: S ( ) Delete  
Name: DOBBE, DEBBIE  
Address: 600 BYPASS DRIVE, STE 110  
City-St-Zip: CLEARWATER, FL 33764

Title: T ( ) Delete  
Name: SETTLE, BETH  
Address: 28348 ROADSIDE DR. STE 102A  
City-St-Zip: AGOURA HILLS, CA 91301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CARLY MARIE DOBBE

HR

06/15/2009

Electronic Signature of Signing Officer or Director

Date