

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90268 037 \*\*\*150.00

**DOCUMENT # F92000000712**

1. Entity Name

COMMONWEALTH HOTELS, INC.



Principal Place of Business

50 E. RIVERCENTER BLVD.  
STE. 600  
COVINGTON KY 41011  
US

Mailing Address

50 E. RIVERCENTER BLVD.  
STE. 600  
COVINGTON KY 41011  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1104826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILIN, LAWRENCE J  
401 E. JACKSON STREET  
SUITE 2200  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FAY, DANIEL T  
STREET ADDRESS 50 EAST RIVERCENTER BLVD, SUITE 600  
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BUTLER, WILLIAM P  
STREET ADDRESS 100 EAST RIVERCENTER BLVD STE 1100  
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V- ☐ Delete  
NAME BLACKHAM, J WILLIAM III  
STREET ADDRESS 100 E RIVERCENTER BLVD STE 1100  
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SNYDER, GORDON  
STREET ADDRESS 50 E RIVERCENTER BLVD STE 600  
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME MALOTT, ELVA  
STREET ADDRESS 100 E RIVERCENTER BLVD STE 1100  
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME BUTLER, MARTIN  
STREET ADDRESS 50 E RIVERCENTER BLVD STE 1400  
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*[Signature]*

J. William Blackham, III

3/24/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

859/292-5507