

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

11152004

Chg-P

CR2E034 (10/03)

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

Amended AR is \$61.25

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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11/30/04--01038--008 **61.25

11-17-04 859-392-2247