

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004449

FILED  
May 09, 2005  
Secretary of State

Entity Name: PILLSBURY HOSPITALITY ASSOCIATES, INC.

**Current Principal Place of Business:**

2650 CASTILLA ISLE  
FT. LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

2650 CASTILLA ISLE  
FT. LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 62-1364633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PILLSBURY, LELAND C  
2650 CASTILLA AVENUE  
FORT LAUDERDALE, FL 33301 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: PD ( ) Delete  
Name: PILLSBURY, LELAND C  
Address: 2650 CASTILLA AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: STD ( ) Delete  
Name: PILLSBURY, MARY M  
Address: 2650 CASTILLA AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: LELAND C. PILLSBURY

PD

05/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date