


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F95000005013 1. Entity Name ALAFAYA HOTEL CO., INC. |  |
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| Principal Place of Business 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 | Mailing Address 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |
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01072004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 62-1617447 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KEMMONS, WILSON C JR 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV WILSON, SPENCE 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S WALLIN, R E 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT BATT, BILL 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD WILSON, ROBERT 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT MCCLAIN, GARY 8700 TRAIL LAKE DR. WEST SUITE 300 MEMPHIS, TN 38125 |

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04/27/04-80037-002 150.00

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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

April 16, 2004 901-346-8800
Date Daytime Phone #