

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90058 039 \*\*\*150.00

**DOCUMENT # F95000005013**

1. Entity Name  
**ALAFAYA HOTEL CO., INC.**



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**

**50032812**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**62-1617447**

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 Now Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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, 2005 Fee will be \$550.00**

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 KEMMONS, WILSON C JR  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY-ST-ZIP MEMPHIS, TN 38125

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

TITLE DV ☐ Delete  
NAME WILSON, SPENCE  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY-ST-ZIP MEMPHIS, TN 38125

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

TITLE S ☒ Delete  
NAME WALLIN, R E  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE S ☐ Change ☒ Addition  
NAME GARY McClain  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST STE 300  
CITY-ST-ZIP memphis, TN 38125

TITLE VPT ☐ Delete  
NAME BATT, BILL  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY-ST-ZIP MEMPHIS, TN 38125

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

TITLE VD ☐ Delete  
NAME WILSON, ROBERT  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY-ST-ZIP MEMPHIS, TN 38125

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

TITLE AT ☐ Delete  
NAME MCCLAIN, GARY  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY-ST-ZIP MEMPHIS, TN 38125

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05

Date

901-346-8800

Daytime Phone #