

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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 New 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, 2007 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  
NAME KEMMONS, WILSON C JR ☐ Delete  
STREET ADDRESS 8700 TRAIL LAKE DR. WEST SUITE 300  
CITY- ST- ZIP MEMPHIS TN 38125

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000698963 ☐ Change ☐ Addition  
04/19/07-80023-013 150.00

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

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

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

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

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

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

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

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

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

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 exemptions contained in Section 119, 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:

*Gary C. McClain* Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 901-507-6594