

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006127

1. Entity Name

CRESTWOOD SUITES, INC. THREE



Principal Place of Business

8010 PRESIDENTS DR
ORLANDO, FL 32809

Mailing Address

126 ENTERPRISE PATH
SUITE 208
HIRAM, GA 30141



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2327421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN K
749 NORTH GARLAND AVE
SUITE 101
ORLANDO, FL 32801

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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

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, 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	PD
NAME	BURSON, KENNETH L
STREET ADDRESS	RT 1 BOX 1570
CITY-ST-ZIP	CLARKSVILLE, GA 30523
TITLE	TD
NAME	SIMPSON, STEVE
STREET ADDRESS	126 ENTERPRISE PATH, STE.#208
CITY-ST-ZIP	HIRAM, GA 30141
TITLE	S
NAME	SIMPSON, MARY J
STREET ADDRESS	126 ENTERPRISE PATH, STE. #208
CITY-ST-ZIP	HIRAM, GA 30141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/04-80026-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

04/08/04

Date

770-445-0071

Daytime Phone #