

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90225 023 \*\*\*150.00

**60023504**



04182006 No Chg-P CR2E034 (11/05)

**DOCUMENT # F98816**  
 1. Entity Name  
 THE ORLANDO PLAZA HOTEL CORPORATION



Principal Place of Business: 1000 RED FERN PLACE, P. O. BOX 16807 (39236), FLOWOOD, MS 39232 US  
 Mailing Address: P.O. BOX 320009, FLOWOOD, MS 32932 US

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 64-0670751  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NORRIS, JOHN E.  
 201 N. MARION STREET-SUITE301  
 LAKE CITY, FL 32055

**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: \_\_\_\_\_  
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, 2006 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	JONES, EARLE F.
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	DC
NAME	STURDIVANT, MIKE P
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	VD
NAME	STURDIVANT, GAINES P.
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	VT
NAME	HART, MICHAEL J.
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michael J Hart 4/21/06 601-936-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #