

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98816**

1. Entity Name  
**THE ORLANDO PLAZA HOTEL CORPORATION**



Principal Place of Business  
**1000 RED FERN PLACE  
FLOWOOD, MS 39232 US**

Mailing Address  
**P.O. BOX 320009  
FLOWOOD, MS 32932 US**



04222008 No Chg-P CR2E034 (11/05)

**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, 2008 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

000000525525  
05/21/08-BU025-014 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael J. Hart*  
4/24/08