

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 004 ***150.00

DOCUMENT # G52872

1. Entity Name
INTERNATIONAL HOSPITALITY, INC.



Principal Place of Business
**1350 EDGEWOOD S
JACKSONVILLE, FL 32205**

Mailing Address
**1350 EDGEWOOD S
JACKSONVILLE, FL 32205**

54073447



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2345965

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HINRICHSEN, PETER
1188 EDGEWOOD AVENUE, S.
JACKSONVILLE, FL 32205**

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 \$550.00
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
HINRICHSEN, PETER
1188 EDGEWOOD AVE., S.
JACKSONVILLE, FL** ☐ Delete

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

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HINRICHSEN, PETER
1188 EDGEWOOD AVE., S.
JACKSONVILLE, FL** ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

9-21-04

904-388-2433



Attachment
Doc # IGSI 872

International Hospitality INC.

1350 Edgewood Avenue South • Jacksonville, Florida 32205 • (904) 388-2433

PETER HINRICHSEN
President

September 21, 2004

Florida Department of State
Division of Corporations
Corporate Records
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

This letter is to notify you that we did not receive notice of the annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes. We therefore request a waiver for the \$400 late fee.

Enclosed is the completed 2004 for Profit Corporation Annual Report and our check for \$150.00.

Sincerely,

Peter Hinrichsen

Enclosures (2)

Attachment
Doc # 053872
84073447

IMPORTANT NOTICE

You are eligible for a waiver of the \$400 late fee if you did not receive notice of this annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes.

A letter stating this fact must accompany the annual report when it is submitted for filing.