


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K31531</b> 1. Entity Name <b>VIRGINIA GARDENS HOTEL CORPORATION</b>	
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Principal Place of Business <b>11101 S CROWN WAY</b> <b>SUITE 1</b> <b>WELLINGTON, FL 33414</b>	Mailing Address <b>11101 S CROWN WAY</b> <b>SUITE 1</b> <b>WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0072014</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEEMON, CHARLES L., III</b> <b>15850 BRITTEN LANE</b> <b>WELLINGTON, FL 33414</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEEMON III, CHARLES L. 15850 BRITTEN LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEEMON, LINDA L. 15850 BRITTEN LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEMON, EDWARD C. 15850 BRITTEN LANE WELLINGTON, FL 33414
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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:** Linda L. Leemon **LINDA L. Leemon Sec.** 1/26/04 561-753-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #