FILED May 03, 2004 8:00 am Secretary of State

2 004	FUK PKUFII	CURPURAI	IUN
	ANNUAL	REPORT	

1. Entity Nam	OCUMENT # L28594 Entity Name OLLMAN-HUNDLEY COURT CORP.						05-03-2004 90726 026 ***150.00				
Principal Plac	e of Busines	s	Mailing Address								
C/O TOLLMAN HUNDLEY HOTELS C/O TOLLMAN HUNDLEY HOTE 2424 ROUTE 52 2424 ROUTE 52				LS							
HOPWELL JUNCTION, NY 12533 HOPWELL JUNCTION, NY 12533			13		1 (8 4 11 6 11 6 11		ı Disin Sibni Sib	n 81911 BIBN BIB	itti a irai		
Principal Place of Business 3. Mailing Address											
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.				***************************************	04272004					
City & Stat	e	City & State	City & State		4. FEI Numbe	Chg-P	UNZEU	34 (10/03)	plied For		
·						59-298				t Applicable	
Zip		Country	Zip	Coun	itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered A	\gent	
THE PREM	NTICE-HA	LL CORPORATION	SYSTEM, INC.		Name						
1201 HAY TALLAHA:		32301			Street Address (P.O. Box Number is Not Acceptable)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		32331									
					City				FL	Zip Code	9
8. The above the obligat	named entity ions of regist	y submits this statement for ered agent.	or the purpose of changing its	registere	ed office or	register	ed agent, or but	h, in the State of Flo	orida. I am I	amiliar with	and accept
SIGNATURE.											
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT)	: Registere	d Agent signatur	e required	when reinstating)		DATE		
		FEE IS \$150.00 4 Fee will be \$550.	9. Election Campai Trust Fund Cent	•	ncing	\$5. Adde	00 May Be ed to Fees				
10.	-1	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME	D	I, BRETT G	Delete	TITLE	1	Tresig		cctor		☐ Change	Addition
STREET ADDRESS	1886 ROL				ET ADDRESS		Man Bert Pour				
CITY-ST-ZIP	1	L JUNCTION, NY 125		-	- ST - ZIP	Hop	enell Ic	- Ny 12	5333		
TITLE NAME	HUNDLE)	Y, MONTY D	Delete	TITLE	1	•		/		☐ Change	☐ Addition
STREET ADDRESS	1886 ROL				ET ADDRESS						ļ
CITY-ST-ZIP TITLE	D	A, NY 10595	☐ Delete	TITLE	-ST-ZiP	V-P	resident	Doctor		Change	☐ Addition
NAME	KENDZIE	RA, CRAIG	Danse	NAMI	E	bend	ziera, C	raig		Un Change	☐ WOORSH
STREET ADDRESS CITY-ST-ZIP	1886 ROU	JTE 52 A, NY 10595			ET ADDRESS -ST-ZIP	242	4 ROUTE		37		_
TITLE	***************************************	7,,777	☐ Delete	TITLE		lice	President	- My 125	75	☐ Change	Addition
NAME STREET ADDRESS				IMAN Sore	E ET ADDRESS	Steen	huisen T	20bert			
CITY-ST-ZIP				•	-ST-ZIP	Hope	well 30		533		
TITLE			☐ Delete	TITLE	1	Tice	President	- Socrete	جنع	Change	Addition
NAME STREET ADDRESS				NAMI STRE	ET ADDRESS	242)	Mons, JA	252	_		
CITY-ST-ZIP				_	-ST-ZIP	Hope	nell Ja	r W/ /2	2533		
TITLE NAME			☐ Delete	TITLE NAME		•		,		☐ Change	Addition
STREET ADDRESS				STRE	ET ADDRESS						
CITY-SI-ZIP	ertify that the	a information supplied will	a this filing does not qualify for	_	notion state	nd in Sor	ction (19.07/3)/	i) Florida Statutos	Turther cort	ify that the in	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 eath; 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 game appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.											
SIGNATURE: 4/30/04									1		
SIGNATURE: SIGNATURE AND AFFECT OR DIRECTOR SIGNATURE AND AFFECT OR DIRECTOR Date Date											