

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38629

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA ACCOMMODATOR, INC.

Current Principal Place of Business:

1426 SE 44TH ST
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1426 SE 44TH ST
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0163202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, GERALD
5309 COCOA CT.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

LEVY, GERALD PRES
5309 COCOA CT.
CAPE CORAL, FL 33904 US

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.

SIGNATURE: GERALD LEVY

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEVY, GERALD,
Address: 5309 COCOA CT.
City-St-Zip: CAPE CORAL, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEVY, GERALD
Address: 5309 COCOA CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: PRES () Change (X) Addition
Name: LEVY, GERALD PRES
Address: 5309 COCOA CT
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD LEVY

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date