2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L68307

1. Entity Name
STAY 12, INC.

Principal Place of Business	Mailing Address
PO BOX 21086 FT. LAUDERDALE, FL 33335-0865	PO BOX 21086 FT. LAUDERDALE, FL 33335-0865

DO NOT WRITE IN THIS SPACE

04092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
26-7724821	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JOHN
223 SW 33RD COURT
FT. LAUDERDALE, FL 33335

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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, 2004 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	RUBIN, JOHN
STREET ADDRESS	223 SW 33RD CT
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	GERCAK, CLAUDIA
STREET ADDRESS	223 SW 33RD CT
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80064-007 150.00

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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: _John Rubin_   John Rubin   4/9/04   954-467-1590

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