


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M71116</b> 1. Entity Name TRIDENT HOSPITALITY (FLORIDA), INC.	
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Principal Place of Business 2500 W. 33RD ST. ORLANDO, FL 32839-8705	Mailing Address 2500 W. 33RD ST. ORLANDO, FL 32839-8705
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2879941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOOLABH, SHIRISH K.  
2500 W. 33RD STREET  
ORLANDO, FL 32839

**DO NOT WRITE  
IN THIS SPACE**

I, 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 date if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

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

8. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLABH, SHIRISH K. 2500 W. 33RD ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOOLABH, HASU S. 2500 W. 33RD ST. ORLANDO, FL
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000000147300  
05/03/04-80100-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/27/04 407 841 3731  
Date Daytime Phone #