

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002839

1. Entity Name
CONVENTION PLAZA INTERNATIONAL, INC.



Principal Place of Business

**255 S. ORANGE AVE.
SUITE 800
ORLANDO, FL 32801**

Mailing Address

**255 S. ORANGE AVE.
SUITE 800
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-3197932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, W. KELLY
255 S. ORANGE AVE.
SUITE 800
ORLANDO, FL 32801**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, W. KELLY
STREET ADDRESS	255 S. ORANGE AVE., SUITE 800
CITY-STATE-ZIP	ORLANDO, FL 32801

TITLE	D
NAME	MACARTHUR, WILLIAM
STREET ADDRESS	425 W COLONIAL DR, STE 204
CITY-STATE-ZIP	ORLANDO, FL

TITLE	D
NAME	SMITH, JOHN
STREET ADDRESS	8501 COMMODITY CIRCLE
CITY-STATE-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1000003456412
03/16/06 80027-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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

W. KELLY SMITH

1/30/06

407 843 7300

Date

Daytime Phone #