

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N97000002935**

1. Entity Name  
**CAPITAL HOTEL & RESTAURANT GROUP AT SAND  
LAKE COMMONS, INC.**



Principal Place of Business

**9350 TURKEY LAKE ROAD  
C/O COMFORT SUITES  
ORLANDO, FL 32819**

Mailing Address

**2626 GLENWOOD AVENUE  
STE 225  
RALEIGH, NC 27608**



03202007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**62-1697102**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COMFORT SUITES HOTEL  
9350 TURKEY LAKE ROAD  
ATTN: GENERAL MANAGER  
ORLANDO, FL 32819**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CROCKETT, KENNETH R  
2626 GLENWOOD AVE, STE 200  
RALEIGH, NC 27608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEAY, PHILLIP R  
4310 SMOKEY ROAD  
NEWNAN, GA 30263**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEAY, WILLIS B II  
1900 HIGHWAY 212  
CONYERS, GA 30208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000752301  
05/21/07-80011-002 61.25

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07 91510-8196**

Date

Daytime Phone #