

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000000075**

1. Entity Name  
**DEL PRADO INN, INC.**



Principal Place of Business  
**1734 CPE CORAL PKWY E  
CAPE CORAL, FL 33904**

Mailing Address  
**1734 CPE CORAL PKWY E  
CAPE CORAL, FL 33904**



02052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0969706**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MANNER, RICHARD  
1734 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U000000921432  
02/19/08-80024-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **MANNER, RICHARD G**  
STREET ADDRESS **1734 CAPE CORAL PKWY E**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  
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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 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

**2-6-08**  
Date

Daytime Phone #