## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000052825

1. Entity Name CIMY'S MOTEL INC.



Principal Place of Business

1379 GULF TO BAY BLVD CLEARWATER, FL 33755

Mailing Address

1379 GULF TO BAY BLVD CLEARWATER, FL 33755

## FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90086 037 \*\*\*150.00

20033214



01202005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3646038

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEBICKA-UKRZEWSKI, THERESA 1379 GULF TO BAY BLVD CLEARWATER, FL 33755

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|   |  |   |                   |  | *   | *   |  |
|---|--|---|-------------------|--|---|---|--|
| the obligat   | e named entity submits this statement for the p<br>tions of registered agent.  | urpose of changing its registere  | ed office or re   | egistered agent, or bo   | th, in the State of   | Florida. I am familiar with, a  | nd accept                              |
| SIGNATURE   | Signature, typed or printed name of registered agent and title if  | t applicable. (NOTE: Registered   | d Agent signature | required when reinstating)   |   | DATE  | —                                      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 |  | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees |                   |  |   |   |  |
| 10.   | OFFICERS AND DIREC   | TORS  |                   |  |   |   | -                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | D<br>UKRZEWSKI, MARK<br>1379 GULF TO BAY BLVD<br>CLEARWATER, FL 33755  |   |                   |  |   |   | á .                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | D<br>GEBICKA-UKRZEWSKI, THERESA<br>1379 GULF TO BAY BLVD<br>CLEARWATER, FL 33755   |   |                   |  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   | <u></u>           | DO   | NOT V   | WRITE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                   | IN <sup>-</sup>  | THIS S  | PACE  | ,                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |                   | 3 mg - ma A  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |                   |  | # ************************************                          |   | ************************************** |
|   | certify that the information supplied with this fil<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowered<br>or on an attachment with an address, with all |   | rea by Chapt      | d in Section 119.07(3)(<br>ve the same legal effecter 607, Florida Statute | i), Florida Statute<br>at as if made unde<br>as; and that my na | s. I further certify that the infrar oath; that I am an officer came appears in Block 10 or I | ormation<br>or director<br>Block 11 if |

HERESA GEBICKA.