

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90133 034 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P01000020734 1. Entity Name JDR HOTELS, INC. | | | |  | |
| Principal Place of Business 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852 | | | Mailing Address 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852 | | |
| 2. Principal Place of Business 6141 Via Venetia North Suite, Apt. #, etc. | | 3. Mailing Address 6141 Via Venetia North Suite, Apt. #, etc. | |  | |
| City & State Delray Beach, FL Zip 33484 | | City & State Delray Beach, FL Zip 33484 | | 4. FEI Number 65-1085376 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FEE, FRANK H III ESQ 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | DATE _____ | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PATEL, RAMUBHAI N 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Ramubhai N Patel 6141 Via Venetia North Delray Beach, FL 33484 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP PATEL, JITTENDRA D 201 SOUTH PARROT AVENUE OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PATEL, DIPAKBHAI K 3200 SOUTH ORLANDO DRIVE SANFORD, FL 32773 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 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: _____ 4/8/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |