

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90040 035 ***150.00

DOCUMENT # P01000057733

1. Entity Name

FLORIDA HOSPITALITY PLUS, INC.



Principal Place of Business

1601 ENGLEWOOD RD.
ENGLEWOOD, FL 34223

Mailing Address

521 WARWICK DR.
VENICE, FL 34293



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1111522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEACOCK, CHARLES R
521 WARWICK DR.
VENICE, FL 34293

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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

Charles R. Peacock

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/10/05

FILE NOW!!! FEE IS \$150.00
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 DIRECTORS

TITLE PD
NAME PEACOCK, CHARLES R
STREET ADDRESS 521 WARWICK DR.
CITY-ST-ZIP VENICE, FL 34293

TITLE VPD
NAME PEACOCK, MARY A
STREET ADDRESS 521 WARWICK DR.
CITY-ST-ZIP VENICE, FL 34293

TITLE SECRETARY
NAME PAUL A.
STREET ADDRESS 1362 MANASOTA BEACH RD.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles R. Peacock (Charles R. Peacock)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

941-475-6464

Daytime Phone #