2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUI 1. Entity Nam ROOMS E	e	# P01000102 c.	2210			04-28-2008 9	90342 009 *	**150	.00	
Principal Place	e of Busines:	s	Mailing Address			endule.				
9350 W. HWY	/ 192		9350 W. HWY 192							
SUITE 106			SUITE 106							
CLERMONT, F	·L 34779		CLERMONT, FL 34779			2 1 1 1 1 1 1 1 1 1 1	BIBI KBA BBII BBIK SEL		AT HUNN BREF	
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04102008	Chg-P	CR2E034 (1	12/06)	
City & State			City & State			4. FEI Number Applied For NOT APPLICABLE Not Applicable				
Zip	Country		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent 📝	7. Name and Address of New Registered Agent Name						
SMITH, JEFFREY A					Name					
9350 W. H	WY 192	i.	•		Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.	-	ADDITIONS/	CHANGES TO OFF	ICERS AND DIR	ECTORS	3 IN 11
TITLE	P Delete				E				Change	Addition
NAME	SMITH, J				I					
STREET ADDRESS CITY-ST-ZIP		HWY 192 SUITE 106			EET AODRESS					
	CLERMONT, IL 39719			_	-ST-ZiP					
TITLE NAME	☐ Delete				E IE			L.	Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	E				Change	☐ Addition	
NAME				NAM	IE .			_	•	_
STREET ADORESS					EET ADORESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
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CITY-ST-ZIP					-ST-ZIP					•
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NAME				NAM	E			_		
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CITY-ST-ZIP		<u>.</u>		CITY	-ST-ZIP					
TITLE			☐ Detete	TITL	I		. —		Change	Addition
NAME STREET ADDRESS				NAM	I					
CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _