


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000004546

1. Entity Name
EMBASSY HOUSE PARTNERS CORP



Principal Place of Business 1250 BLOUNTSTOWN HWY., STE F TALLAHASSEE, FL 32304	Mailing Address 1700 ABBEY PLACE, SUITE 111 CHARLOTE, NC 28209
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0695633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, RIDGE
 1250 BLOUNTSTOWN HIGHWAY, SUITE F
 TALLAHASSEE, FL 32304**

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 registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOYLE, JOHN A 7325 GREENFIELD ST. RIVER FOREST, IL 60305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUFFSTICKLER, JAMES E 1700 ABBEY PLACE, STE 111 CHARLOTTE, NC 28209
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 02/12/04-80087-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James E. Huffstickler* 2-10-04 904-522-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

James E. Huffstickler