


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000038704 1. Entity Name HOSPITALITY DEPOT, INC.		
Principal Place of Business 20706 BACK BEACH RD. PANAMA CITY, FL 32413		Mailing Address POST OFFICE BOX 7578 PANAMA CITY BEACH, FL 32413
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BURKE, MICHAEL S 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENT, GEORGE 214 SOUTHFIELDS ROAD PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>George Dent</u> GEORGE DENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-6-04 850 235-8063 <small>Date Daytime Phone #</small>



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0860484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

UN0000000958
01/09/04-80021-017 150.00

**DO NOT WRITE
IN THIS SPACE**