

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000039688

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** SOLUTIONS IN HOSPITALITY, INC.

**Current Principal Place of Business:**

8049 OLD TOWN DRIVE  
ORLANDO, FL 32819

**New Principal Place of Business:**

UCF BUSINESS INCUBATOR, 111 E MONUMENT AVE  
SUITE 401  
KISSIMMEE, FL 34741

**Current Mailing Address:**

8049 OLD TOWN DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

P.O. BOX 1646  
WINDERMERE, FL 34786

**FEI Number:** 04-3650304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALVERT, JEFFREY F  
8049 OLD TOWN DRIVE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

CALVERT, JEFFREY F  
UCF BUSINESS INCUBATOR, 111 E MONUMENT AVE  
SUITE 401  
KISSIMMEE, FL 34741 US

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.

SIGNATURE:

03/15/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: CALVERT, JEFFREY F  
Address: 8049 OLD TOWN DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: CEOS  
Name: CALVERT, PATRICIA S  
Address: 8049 OLD TOWN DRIVE  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY F. CALVERT

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date