

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000117146	
1. Entity Name WESTON HOSPITALITY, INC.	

Principal Place of Business 375 N. STATE ROAD 7 PLANTATION, FL 33317	Mailing Address 375 N. STATE ROAD 7 PLANTATION, FL 33317
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0034322	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent PULIKKEN, DAVIS 375 N. STATE ROAD 7 PLANTATION, FL 33317	DO NOT WRITE IN THIS SPACE
9. 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: X [Signature] DAVIS PULIKKEN (PRESIDENT) 04/29/2004
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituted) Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000152883
05/04/04-80104-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, BABYKUTTY 375 NORTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACHETT, BETSY 375 NORTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, BENNET 375 N STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACHETT, MATHEW 375 NORTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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: X [Signature] DAVIS PULIKKEN (PRESIDENT) 04/29/04. 954584720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #