


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90175 024 ***150.00

DOCUMENT # P03000050519

1. Entity Name
THREE OAKS HOSPITALITY, INC.



Principal Place of Business
**1515 NORTH FEDERAL HIGHWAY
 SUITE 420
 BOCA RATON, FL 33432 US**

Mailing Address
**1515 NORTH FEDERAL HIGHWAY
 SUITE 420
 BOCA RATON, FL 33432 US**

2. Principal Place of Business
**5030 Champion Blvd.
 Suite, Apt. #, etc. **G 6258**
 City & State **Boca Raton, FL**
 Zip **33496** Country **Palm Bch****

3. Mailing Address
**5030 Champion Blvd.
 Suite, Apt. #, etc. **G 6258**
 City & State **Boca Raton, FL**
 Zip **33496** Country **Palm Bch****



02192005 Chg-P CR2E034 (10/03)

4. FEI Number
80-0065095 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STEPHENSON, ERIC D
 1515 NORTH FEDERAL HIGHWAY
 SUITE 420
 BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent
 Name **Eric D. Stephenson**
 Street Address (P.O. Box Number is Not Acceptable) **5030 Champion Blvd. Ste G 6258**
 City **Boca Raton** FL Zip Code **33496**

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 **Eric D. Stephenson, VP** DATE **2/18/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADDEN, MICHAEL T 1515 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5030 Champion Blvd. Ste. G 6258 Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENSON, ERIC D 1515 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5030 Champion Blvd. Ste G 6258 Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Eric D. Stephenson** DATE **2/18/05** DAYTIME PHONE # **561-702-4187**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR