2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # P03000153289 1. Entity Name 05-02-2006 90146 022 ***150.00 CLINTON CREST RETIREMENT HOTEL, INC. Principal Place of Business Mailing Address 343-4TH AVE N ST PETERSBURG FL 33701 343-4TH AVE N ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address 4715 Hunting TUN StiNIE. Yr, N, E 4715 HUNTINGTUR 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 20-0848982 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 434 ムムみ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **EDENFIELD, GARY** Street Address (P.Q. Box Number is Not Acceptable) 343-4TH AVE N ST PETERSBURG FL 33701 Zip Code **?<u>3</u>フ**の3 KRIBARG 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change Addition EDENFIELD, GARY 4715 HUNTING NO STIN, E. EDENFIELD, GARY NAME BASSATHAVEN 4715 HUNTING. PM St. N. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33701 CITY-ST-ZIP Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY - ST- ZIP THLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7E CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of the corporation or the receiver or trustee empowered to execute this report as

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