

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90183 004 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000007720

1. Entity Name
MAHOGANY HOUSE SUITES, INC.



Principal Place of Business Mailing Address
~~P.O. BOX 147~~ 1202 DUVAL 42 ~~P.O. BOX 147~~ 1202 DUVAL 42
KEY WEST, FL 33044 33040 KEY WEST, FL 33044 33040

50048297



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

201078626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKER, RONALD A
3 ARBUTUS DR
KEY WEST, FL 33040

JOHN P. OAKES

Name

JOHN P. OAKES

Street Address (P.O. Box Number is Not Acceptable)

PO 330564

City

MIAMI

FL

Zip Code

33233

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

John P. Oakes

JOHN P. OAKES

5/1/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS DENISE HARMON
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DENISE HARMON
STREET ADDRESS PRESIDENT 33040
CITY-ST-ZIP 1202 DUVAL 42 KEY WEST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

DENISE HARMON

5/1/05

3053434150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #