


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90101 012 \*\*\*150.00

<b>DOCUMENT # P04000035703</b>	
1. Entity Name <b>RINGENSON HOSPITALITY INC.</b>	

Principal Place of Business <b>6036 TARAWOOD DRIVE ORLANDO, FL 32819</b>	Mailing Address <b>6036 TARAWOOD DRIVE ORLANDO, FL 32819</b>
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2. Principal Place of Business - No P.O. Box # <i>1180 Tom Gurney Dr.</i>	3. Mailing Address <i>1180 Tom Gurney Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Winter Park, FL</i>	City & State <i>Winter Park, FL</i>
Zip <i>32789</i>	Country <i>USA</i>

01302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0811117</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RINGENSON, SUSANNE O 1180 TOM GURNEY DR WINTER PARK, FL 32789</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD RINGENSON, SUSANNE 6036 TARAWOOD DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>Ringenson Susanne</i> <i>1180 Tom Gurney Dr.</i> <i>Orlando Winter Park, FL 32789</i> <input checked="" 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
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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 exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susanne Ringenson* *1.31.07* *407-230-1636*