


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000122870</b> 1. Entity Name 747 HOSPITALITY, INC.	
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Principal Place of Business 747 ARLINGTON RD JACKSONVILLE, FL 32211	Mailing Address 2115 BAYOU BLACK DRIVE HOUMA, LA 70360
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**DO NOT WRITE IN THIS SPACE**

03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0648867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BLACKARD, WILLIAM R JR. 100-C WHARFSIDE WAY JACKSONVILLE, FL 32207	<b>DO NOT WRITE IN THIS SPACE</b>
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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</b> <b>After May 1, 2008 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	U00000878747 04/14/08-80067-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIMBELLOT, JON K 506 HWY. 45 NORTH COLUMBUS, MS 39701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, MARTHA J 747 ARLINGTON RD JACKSONVILLE, FL 32211
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**DO NOT WRITE  
IN THIS SPACE**

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:** Martina J. Thomas 03-31-08 985-876-4160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #