

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7/11

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90078 003 \*\*\*150.00

**DOCUMENT # P05000014864**

1. Entry Name  
**THE HOTEL DOCTOR, INC.**



Principal Place of Business  
**5014 BOATHOUSE DR.  
ORLANDO, FL 32812 US**

Mailing Address  
**5014 BOATHOUSE DR.  
ORLANDO, FL 32812 US**

**66020973**



07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2450766**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALTHER, ROBERT A  
3705 JERICHO DR.  
CASSELBERRY, FL 32707**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$350.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                 |                       |
|-----------------|-----------------------|
| TITLE           | GEO                   |
| NAME            | WALTHER, ROBERT A     |
| STREET ADDRESS  | 3705 JERICHO DR.      |
| CITY - ST - ZIP | CASSELBERRY, FL 32707 |
| TITLE           | PRES                  |
| NAME            | THOMAS, ILEANA C      |
| STREET ADDRESS  | 5014 BOATHOUSE DR.    |
| CITY - ST - ZIP | ORLANDO, FL 32812     |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/16/07**

Date

Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # P05000014864</b><br>1. Entity Name<br><b>THE HOTEL DOCTOR, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>5014 BOATHOUSE DR.<br/>ORLANDO, FL 32812 US</b>  |   |  | Mailing Address<br><b>5014 BOATHOUSE DR.<br/>ORLANDO, FL 32812 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 06132007 Chg-P CR2E034 (12/06)                                    |  |
| 4. FEI Number<br><b>52-2450766</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WALTHER, ROBERT A<br/>3705 JERICHO DR.<br/>CASSELBERRY, FL 32707</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br>WALTHER, ROBERT A<br>3705 JERICHO DR.<br>CASSELBERRY, FL 32707 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>THOMAS, ILEANA C<br>5014 BOATHOUSE DR.<br>ORLANDO, FL 32812 <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date: <b>8/7/07</b><br><small>Daytime Phone #</small>  |   |  |

ATTACHMENT

660209.73

June 4, 2007

The Hotel Doctor ( document# P05000014864)  
5014 Boathouse Drive  
Orlando, Fla. 32812

To whom it may concern:

I am resending my \$150.00 fee, which I had sent the end of April. I did not find the cashed checked in my bank statement, and have become very worried. Please help me, with this matter, I have spoken to someone in your office on May 23, 2007 by the name of Debra and she said to wait another 2 weeks which I have and send this letter, and send another check and there should be no problem. Thank you very much .

Sincerely,



Ileana Thomas  
President

ATTACHMENT

66020973

# P05000014864

July 5, 2007

The Hotel Doctor  
5014 Boathouse Drive  
Orlando, FL 32182

To Whom It May Concern:

I have been living a night mare with my corporation . Back in April I sent all the paperwork with payment and apparently it got lost. I spoke to someone who said wait 2 weeks call the bank and send in a check if the check has not been cashed, so I did , now I got it back saying I forgot to download the 2007 paperwork, which I am almost positive I sent with the check. I called your office back and they have said to send everything one more time, please HELP. Here I am enclosing the return check and the annual report I got from the web site plus this one you sent me. Please have someone call me . I have spoke with people from your department and they said all I had to do was explain I had sent you all this back in April and then back in June. Thank you again and please excuse this confusion. Sincerely

Ileana Thomas

