2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000083619

FILED Mar 07, 2007 08:00 Al Secretary of State

M & R MOTEL INVESTMENTS, INC.

Principal Place of Business

217 ROUND MAN ST. LEESBURG, FL 34748 Mailing Address

217 ROUND MAN ST. LEESBURG, FL 34748



DO NOT WRITE IN THIS SPACE				02192007 No Chg-P CR2E034 (11/05)
			CE .	4. FEI Number Applied For 20-2976942 Not Applicat
			* **	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent		
PATEL, DHARMENDRA 217 ROUND MAN ST LEESBURG, FL 34748				DO NOT WRITE
LLLODON	0,712 04740		e var t	IN THIS SPACE
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signaturs required	ed when reinstalling) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be ded to Fees
10.	OFFICERS AND DIREC	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DHARMENDRA 217 ROUND MAN ST LEESBURG, FL 34748			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000658060 03/15/07-80023-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME				

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-07

454-813-059