

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 048 ***150.00

DOCUMENT # P07000000325 1. Entity Name HOSPITALITY WAREHOUSING, INC.																											
Principal Place of Business 28163 US HWY 19 N SUITE 204 CLEARWATER, FL 33761		Mailing Address 28163 U.S. HWY 19 N SUITE 204 CLEARWATER, FL 33761																									
2. Principal Place of Business - No P.O. Box # 2165 SUNNYDALE BLVD.		3. Mailing Address 2165 SUNNYDALE BLVD																									
Suite, Apt. #, etc. SUITE C		Suite, Apt. #, etc. SUITE C																									
City & State CLEARWATER FL		City & State CLEARWATER, FL																									
Zip 33765		Zip 33765																									
Country 		Country 																									
4. FEI Number 20-8134115		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FRANKENBERG, DON R 28163 US HWY 19 N SUITE 204 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name DON R. FRANKENBERG Street Address (P.O. Box Number is Not Acceptable) 2165 SUNNYDALE BLVD. SUITE C City CLEARWATER FL Zip Code 33765																									
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: <u><i>Don R. Frankenberg</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/22/08</u>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P FRANKENBERG, DON R</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>28163 US HWY 19 N, #204</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CLEARWATER, FL 33761</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P FRANKENBERG, DON R	<input type="checkbox"/> Delete	NAME	28163 US HWY 19 N, #204		STREET ADDRESS	CLEARWATER, FL 33761		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P DON R. FRANKENBERG</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2165 SUNNYDALE BLVD, SUITE C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P DON R. FRANKENBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2165 SUNNYDALE BLVD, SUITE C		STREET ADDRESS	CLEARWATER, FL 33765		CITY-ST-ZIP		
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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.																											
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																									