

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90043 032 ***150.00

DOCUMENT # P94000023919 1. Entity Name GLOBAL RESORT MANAGEMENT, INC.					
Principal Place of Business 401 CORBETT ST STE 450 CLEARWATER, FL 33756 US			Mailing Address 401 CORBETT ST STE 450 CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3235701	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRITT, ANOUSKA 401 CORBETT ST STE 450 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 West Bay Dr, Suite 203 City Largo, FL Zip Code 33770	
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRITT, ANOUSKA 401 CORBETT ST, STE 450 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 801 West Bay Dr, Suite 203 Largo, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOFFMAN, DUTCH 401 CORBETT ST., SUITE # 450 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 801 West Bay Dr, Suite 203 Largo, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 file 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 an officer-like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-19-08 727-447-5344 Date Daytime Phone		

50002219



03042008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3235701

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRITT, ANOUSKA
401 CORBETT ST
STE 450
CLEARWATER, FL 33756

Name
Street Address (P.O. Box Number is Not Acceptable)
801 West Bay Dr, Suite 203
City **Largo, FL** Zip Code **33770**

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MORRITT, ANOUSKA
401 CORBETT ST, STE 450
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
801 West Bay Dr, Suite 203
Largo, FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HOFFMAN, DUTCH
401 CORBETT ST., SUITE # 450
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
801 West Bay Dr, Suite 203
Largo, FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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 file 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 an officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08 727-447-5344

Date

Daytime Phone