2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000049670

1. Entity Name
TEMPORARY CORPORATE HOUSING OF FLORIDA, INC.

LUUJ*LOJ

Principal Place of Business	Mailing Address *P.O. BOX 608577*
~~4627 PARK BREEZE CT~~	~~4627 PARK BREEZE CT~~
ORLANDO, FL 32808 US	ORLANDO, FL ~~32808~~ US
3465 PARKWAY CENTER	*31860*

02092005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3256819	Applied For
	Not Applicable

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

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6. Name and Address of Current Registered Agent

STEILEN, TED H
~~4623 PARK BREEZE COURT~~ *3465 PARKWAY*
ORLANDO, FL 32808   *CENTER*

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 *4/28/05*

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEILEN, TED H
STREET ADDRESS	~~4623 PARK BREEZE COURT~~ *3465 PARKWAY*
CITY-ST-ZIP	ORLANDO, FL 32808 *CENTER*

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   *4/28/05*   *407-292-5822*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #