2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000075660

Enlity Name

ENTERPRISE HOTELS OF ORLANDO, INC.



FILED
May 04, 2004 08:00 AM
Secretary of State

Principal Place of Business

7380 SAND LAKE RD

SUITE 120 ORLANDO, FL 32819 US Mailing Address

7380 SAND LAKE RD

SUITE 120

ORLANDO, FL 32819

US



DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

4. EEL Number | Applied For

59-3272434

Not Applicable
\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND SUITE 1300 PLANTATION, FL 33324

SIGNATURE

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

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		

(NOTE Pegistered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE KESSLER, RICHARD C NAME STREET ACCRESS 7380 SAND LAKE ROAD., SUITE 120 ORLANDO, FL 32819 CITY ST-ZIP MILE DANTZLER, DAY B NAME 7380 SAND LANE ROAD STE 120 STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32819 TITLE FOLTZ, JOSEPH D NAME STREET ADDRESS 5 REDMONT CENTER STE 750 ATLANTA, GA 30305 CITY-ST-ZIP TITLE

U00000155913 05/05/04-80056-010 150.00

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IN THIS SPACE

12. Thereby 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 suppliemental 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

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

Day B Cantreler

4/28/64(407)996-99