

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 019 ***150.00

DOCUMENT # P95000020553

1. Entity Name

THE HOTEL CARLTON, INC.



Principal Place of Business

1221 ACADEMY DR.
ALTAMONTE SPRINGS FL 32714

Mailing Address

1221 ACADEMY DR.
ALTAMONTE SPRINGS FL 32714

J4U14UJZ



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. **Merrill Hutchins**
16698 S.E. 54th St.
Ocklawaha, FL 32179

Suite, Apt. #, etc.

Merrill Hutchins
16698 S.E. 54th St.
Ocklawaha, FL 32179

4. FEI Number **59-3313413**

Applied For
Not Applicable

Zip Country

Zip Country

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

HUTCHINS, MERRILL
1221 ACADEMY DR.
ALTAMONTE SPRINGS FL 32714

Merrill Hutchins
16698 S.E. 54th St.
Ocklawaha, FL 32179

Name

Street Address (P.O. Box Number is Not Acceptable)

Merrill Hutchins
16698 S.E. 54th St.
Ocklawaha, FL 32179

City

FL

Zip Code

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

Merrill Hutchins

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **DP** ☐ Delete
NAME **HUTCHINS, MERRILL**
STREET ADDRESS **1221 ACADEMY DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE ☐ Change ☐ Addition
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE ☐ Change ☐ Addition
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE ☐ Change ☐ Addition
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE ☐ Change ☐ Addition
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE ☐ Change ☐ Addition
NAME **Merrill Hutchins**
STREET ADDRESS **16698 S.E. 54th St.**
CITY-ST-ZIP **Ocklawaha, FL 32179** ☐ Change ☐ Addition

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:

Merrill Hutchins **Merrill Hutchins** **2/24/14** **352 625 6088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #