


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000046815	
1. Entity Name HOSPITALITY CONTRACTING SERVICES, INC.	

Principal Place of Business 2300 CORPORATE BLVD NW SUITE 232 BOCA RATON, FL 33431	Mailing Address 2300 CORPORATE BLVD NW SUITE 232 BOCA RATON, FL 33431
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01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0681732	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THRONE, STEVEN S 2300 CORPORATE BLVD NW SUITE 232 BOCA RATON, FL 33431
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**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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	P THRONE, STEVEN S 2300 CORPORATE BLVD. STE. 232 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINGO, PAUL 2300 CORPORATE BLVD. STE. 232 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STINGO, PAUL 2300 CORPORATE BLVD NW, STE 232 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80163-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN S. THRONE

Date

Daytime Phone #

11/15/05

561 441-0130

HERE