

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000000188

Entity Name: HOTEL PROVIDERS, INC.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US

**New Mailing Address:**

FEI Number: 58-2219473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRITCHFIELD, RICHARD  
1001 E. ATLANTIC AVE  
SUITE 202  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALSH, PATRICK F.  
Address: 1000 MARKET ST BLDG 1  
City-St-Zip: PORTSMOUTH, NH 03801

Title: AS  
Name: GARCIA, ROBERT L.  
Address: 1000 MARKET ST BLDG 1  
City-St-Zip: PORTSMOUTH, NH 03801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK F. WALSH

PD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date