


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90122 005 ***550.00

DOCUMENT # P96000037932	
1. Entity Name HOSPITALITY & RESORT CONSULTANTS, INC.	

Principal Place of Business 215 CELEBRATION PLACE 100 CELEBRATION, FL 34747 US	Mailing Address POB 1916 WINDERMERE, FL 34786 US
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2. Principal Place of Business 7800 Sand lake Rd #207 Suite, Apt. #, etc. Orlando FL City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 32819 Country Orange	Zip Country



09012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WILLIAMS, LISA 5372 BROOKLINE DRIVE ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Lisa Williams Street Address (P.O. Box Number is Not Acceptable) 7800 Sand lake Rd #207 City Orlando FL Zip Code 32819
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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 Lisa Williams DATE 9/2/04

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when installing)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LISA 5372 BROOKLINE DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7800 Sand lake Rd #207 Orlando FL 32819 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lisa Williams 4078767722 9/2/04

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