

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072168

FILED
Mar 15, 2005
Secretary of State

Entity Name: STAY AND VISIT INC.

Current Principal Place of Business:

9135 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Principal Place of Business:

9135 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

Current Mailing Address:

9135 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Mailing Address:

9135 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

FEI Number: 84-1380963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROFINO, GIORGIO
9135 MIDNIGHT PASS RD
SARASOTA, FL 34242 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OROFINO, GIORGIO
Address: VIA FRANCESCO CARACCILO 14 - 80122
City-St-Zip: NAPOLI, IT

Title: V () Delete
Name: OROFINO, LUCA
Address: VIA FRANCESCO CARACCILO 14 - 80122
City-St-Zip: NAPOLI, IT

Title: ST () Delete
Name: OROFINO, FABIO
Address: VIA FRANCESCO CARACCILO 14 - 80122
City-St-Zip: NAPOLI, IT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OROFINO, GIORGIO
Address: 9135 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GIORGIO OROFINO

DP

03/15/2005

Electronic Signature of Signing Officer or Director

Date