


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 049 ***150.00

DOCUMENT # P97000024936		
1. Entity Name HOTEL-PAK GOLD, INC.		

Principal Place of Business 702 W. PARK AVE UNIT D EDGEWATER FL 32132 US	Mailing Address P.O. BOX 1226 NEW SMYRNA BEACH FL 32170 US
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2. Principal Place of Business - No P.O. Box # 702 W PARK AVE Suite, Apt. #, etc. UNIT D	3. Mailing Address 36 ANDREA DR Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

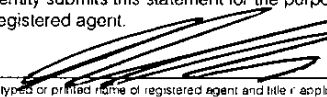
City & State EDGEWATER FL	City & State NEW SMYRNA BCH FL
Zip 32132	Zip 32168
Country VOLUSIA	Country VOLUSIA

4. FEI Number 59-3434452	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CLARKE, WILLIAM B 36 ANDREA DRIVE NEW SMYRNA BCH. FL 32168	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 	DATE 4-14-07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PSD CLARKE, WILLIAM B 36 ANDREA DRIVE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemptions contained in Section 119, 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: 	4-14-07	386-409-0690
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