

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000064586

1. Entity Name
PONCE DE LEON HOTELS OF ORLANDO, INC.



Principal Place of Business

7380 SAND LAKE RD
STE 120
ORLANDO, FL 32819 US

Mailing Address

7380 SAND LAKE RD
STE 120
ORLANDO, FL 32819 US



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3464118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2004 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	PSTD KESSLER, RICHARD C 7380 SAND LAKE RD STE 120 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DANTZLER, DAY B 7380 SAND LAKE ROAD STE 120 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FOLTZ, JOSEPH B 5 PIEDMONT CENTER STE 750 ATLANTA, GA 30205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/04-80056-005 150.00

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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:

Day B Dantzer Day B Dantzer 4/28/04 (407)996-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #