

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000072584

1. Entity Name
KIRKMAN ROAD HOTEL CORP.



Principal Place of Business
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

Mailing Address
C/O AVR
ONE EXECUTIVE BLVD
YONKERS, NY 10701 US

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3964375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

**DO NOT WRITE
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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSE, ALLAN V
STREET ADDRESS	ONE EXECUTIVE BLVD.
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	VP
NAME	CHEIKES, VICKI G
STREET ADDRESS	60 E. 42ND ST. #1411
CITY-ST-ZIP	NEW YORK, NY 10165
TITLE	ST
NAME	IDE, FRED
STREET ADDRESS	ONE EXECUTIVE BLVD
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000958829
09/03/08-80004-015 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK E. IDE

8/26/08

Date

Daytime Phone # _____