2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088193

Entity Name: SERVICO WINTER HAVEN, INC.

FILED Mar 27, 2009 Secretary of State

3445 PEACHTREE RD., N.E., STE 700 3445 PEACHTREE RD, NE, STE 700

ATLANTA, GA 30326 ATLANTA, GA 30326

Current Mailing Address: New Mailing Address:

3445 PEACHTREE RD., N.E., STE 700 3445 PEACHTREE RD, NE, STE 700

ATLANTA, GA 30326 ATLANTA, GA 30326

FEI Number: 65-0787913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD SUITE 250 PLANTATION, FL 33324 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name:ETHRIDGE, DEBORAH NName:ETHRIDGE, DEBORAHAddress:3445 PEACHTREE RD. NE, SUITE 700Address:3445 PEACHTREE RD, NE, STE 700

City-St-Zip: ATLANTA, GA 30326 City-St-Zip: ATLANTA, GA 30326

Oity-01-21p. ATEANTA, OA 30020

Title: VSD () Delete Title: VSD (X) Change () Addition Name: ELLIS, DANIEL EUGENE

Address: 3445 PEACHTREE RD., N.E., STE 700 Address: 3445 PEACHTREE RD, NE, STE 700

City-St-Zip: ATLANTA, GA 30326 City-St-Zip: ATLANTA, GA 30326

Title: D () Delete Title: D (X) Change (

Title:D() DeleteTitle:D(X) Change () AdditionName:MCKENRY, CLARE CName:MCKENRY, CLARE COLLERANAddress:1140 S. ALHAMBRA CIRCLEAddress:3445 PEACHTREE RD, NE, STE 700City-St-Zip:CORAL GABLES, FL 33146City-St-Zip:ATLANTA, GA 30326

Title: D () Delete Title: D (X) Change () Addition Name: UVA, KENNETH Name: UVA, KENNETH

 Address:
 1209 ORANGE STREET
 Address:
 3445 PEACHTREE RD, NE, STE 700

 City-St-Zip:
 WILMINGTON, DE 19801
 City-St-Zip:
 ATLANTA, GA 30326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURA LOUIS POA 03/27/2009