


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000098910 1. Entity Name JHM FLORIDA HOTELS MANAGEMENT, INC.	
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Principal Place of Business 14 E. WASHINGTON ST STE 600 ORLANDO, FL 32801	Mailing Address P.O. BOX 8375 GREENVILLE, SC 29604
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2355643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUROTTO, DONALD 14 E. WASHINGTON ST STE 600 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000097930 03/29/04-80019-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAMA, J P 880 S PLEASANTBURG DRIVE SUITE 3-G GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC RAMA, H P 880 S PLEASANTBURG DRIVE SUITE 3-G GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RAMA, M P 880 S PLEASANTBURG DRIVE SUITE 3-G GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAMA, D P 880 S PLEASANTBURG DRIVE SUITE 3-G GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAMA, R P 880 S PLEASANTBURG DRIVE SUITE 3-G GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RAMA, D J 880 S PLEASANTBURG DRIVE SUITE 3-G GREENVILLE, SC 29607

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jonathan P. Rama*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____