

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000044845

1. Entity Name
HOTEL ENTERPRISES OF PORT CHARLOTTE, INC.



Principal Place of Business
1941 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

Mailing Address
1941 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0878530

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

PATEL, NILESH
1941 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

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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

000000955678
07/22/08-80001-017 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, SARJU
STREET ADDRESS	1941 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	VP
NAME	PATEL, NILESH M
STREET ADDRESS	1941 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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, changed, or on an attachment with an address, with all other like empowered.