

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2006 08:00 AM  
Secretary of State

DOCUMENT # P98000080215

1. Entity Name  
PERDIDO KEY HOSPITALITY, INC.



Principal Place of Business  
7194 PENSACOLA BLVD  
PENSACOLA, FL 32305 US

Mailing Address  
7194 PENSACOLA BLVD.  
PENSACOLA, FL 32305 US



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3537473

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PARSHOTAM, OOMESH B  
7194 PENSACOLA BLVD  
PENSACOLA, FL 32305

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 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PARSHOTAM, VIKRAM
STREET ADDRESS	7194 PENSACOLA BLVD.
CITY - ST - ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000563686  
05/20/06-80022-004 550.00

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

Date

Daytime Phone #