## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000081724 1. Entity Name INT'L. LODGING & ENTERTAINMENTS, INC. Principal Place of Business Mailing Address 4131 W. VINE ST 4131 W. VINE ST KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEl Number 59-3539579 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANAND, MOHAN CHANDRA Street Address (P.O. Box Number is Not Acceptable) 14409 OKONIS CT ORLANDO FL 32837 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Title ☐ Change ☐ Addition Delete ANAND, MOHAN CHANDRA NAME U00000285034 NAME 04/02/05-80028-024 150.00 14409 OKONIS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZP Delete TITLE Change Addition THLE NAME ANAND, NEELAM MANA STREET ADDRESS STREET ADDRESS Í 14409 OKONIS CT ORLANDO FL 32837 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLI Y-ST-7IP TITLE Change ☐ Addition TOLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-7P TITLE ☐ Celete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daylme Phone #