


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90010 029 \*\*\*150.00

<b>DOCUMENT # P98000088515</b> 1. Entity Name <b>R-MOTELS, INC.</b>					
Principal Place of Business <b>5015 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5015 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05312007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>65-0870724</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAIKH, NASEER A    10308 Emerald Woods Av. 8538 LOST COVE DRIVE    Orlando, FL 32836 ORLANDO, FL 32840</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SHAIKH, NASEER    10308 Emerald 8538 LOST COVE DRIVE    Woods Av. ORLANDO, FL 32840    Orlando, FL 32836</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			May 31 2007    407.222.3676 Date    Daytime Phone #		

ATTACHMENT

40119472  
~~#P98000088575~~ -

Dr. Naseer Shaikh  
10308 Emerald Woods Ave.  
Orlando, Fl. 32836

May 31, 2007

Ref. R-Motels Inc  
S&P Southeast Inc.

Florida Department of State  
Division of Corporation

To whom it may concern

I kindly request you to waive the penalty fee, as it has been forgotten to make the address changes, I did not receive the forms that have been forwarded to me. Besides I had been traveling to Europe and returned just recently. Only when I went to the business location of R-Motels Inc. DBA Ramada Inn Bayside in New Port Richey and they asked me if it has been sent, I became aware that I had never got the forms.

I pulled them now up on the internet and submit them now with the address changes and the checks.

I thank you very much in advance for your understanding

Yours sincerely\_

  
Dr. Naseer Shaikh