2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 21, 2005 08:00 AM Secretary of State DOCUMENT # P98000103683 1. Entity Name WARM MINERAL SPRINGS MOTEL, INC. Principal Place of Business Mailing Address 12597 SO, TAMIAMI TR. 12597 SO, TAMIAMI TR. WARM MINERAL SPRINGS FL 34287 WARM MINERAL SPRINGS FL 34287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State NO-T APPLICABLE Not Applicable Country Zip Ζiο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERBER, ROGER A Street Address (P.O. Box Number is Not Acceptable) 12597 S. TAMIAMI TRAIL WARM MINERAL SPRINGS FL 34287 Zip Code City 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 hame of registered agont and title if epolicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, ☐ Delete TILLE ☐ Change ☐ Addition lille GERHARD, KARL MAME U00000188517 MAMI GUSTAN-HOAH-STR-50 STREET ADDRESS 01/24/05-80057-023 158.75 STREET ADDRESS CITY ST-ZIP HANAV GERMANY CITY-ST-7IP O ☐ Delete IFFLE Change Addition HILL NAM HERBER, ROGER A MAME 12597 S. TAMIAMI TRAIL JARLET ADDRESS STREET ADDRESS WARM MINERAL SPRINGS FL 34287 CHY-SI-7P CHY-SE-78 ۷P ☐ Delete HIE ☐ Change Addition 11114 NAME NAME VIVIENNE, KARL STREET ADDRESS GUSTAV - MOCH -STR.50 STREET ADDRESS CHY ST-71P CITY-ST-ZIP HANUA, GERMANY Change Addition ☐ Delete TOTAL E 11111 NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P ☐ Delete HILE ☐ Change ☐ Addition NAME MARIE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CDIT-SI-ZIP ☐ Delete WLE ☐ Change ☐ Addition Tilte MALIE NAME SUBFET ADORESS STREET AUDRESS CITY-SI-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing 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 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

ER A HERBER 1-19-05 941-426-4029

CER OR DIRECTOR

Data

Data

Data

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

SIGNATURE:

FILED