

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90024 024 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P98000104290</b><br>1. Entity Name<br>BVHG - TERRACE HOTEL, INC.   |  |  |   |   |  |
| Principal Place of Business<br>10100 INTERNATIONAL DR.<br>2001<br>ORLANDO, FL 32821  |  |  | Mailing Address<br>10100 INTERNATIONAL DR.<br>2001<br>ORLANDO, FL 32821   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   | 01252008    Chg-P    CR2E034 (12/06)                              |  |
| Zip  |  | Country  |   | 4. FEI Number<br>59-3547427                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br>JENKINS, DONNA K<br>2040 W BAY TO BAY BLVD<br>SUITE 200<br>TAMPA, FL 33629  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Donna K. Jenkins<br>Street Address (P.O. Box Number is Not Acceptable)<br>10100 International Dr #2001<br>City<br>Orlando    FL    Zip Code<br>32821 |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FROST, MICHAEL H<br>10100 INTERNATIONAL DR. #2001<br>TAMPA, FL 33629    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>STOLZ, ROBERT<br>10100 INTERNATIONAL DR. #2001<br>ORLANDO, FL 32821     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MOREL, FLORIAN<br>10100 INTERNATIONAL DR. #2001<br>ORLANDO, FL 32821    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>HEINTZ, DONALD<br>10100 INTERNATIONAL DR. #2001<br>ORLANDO, FL 32821    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>WRIGHT, COLIN<br>10100 INTERNATIONAL DR. #2001<br>ORLANDO, FL 32821    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CTRL<br>JENKINS, DONNA<br>10100 INTERNATIONAL DR. #2001<br>ORLANDO, FL 32821 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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 an office like empowered. |  |  |   |   |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | 2/28/08<br><small>Date</small>  |   |  |