


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90320 003 ***150.00

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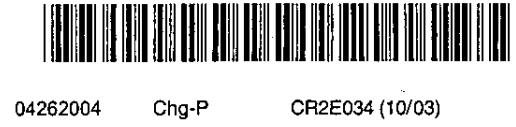
1. Entity Name
 SELECT SUITES, INC., HOLDING COMPANY OF FLORIDA



Principal Place of Business Mailing Address
 POST OFFICE BOX 2129 POST OFFICE BOX 2129
 ORMOND BEACH, FL 32175-2129 ORMOND BEACH, FL 32175-2129

2. Principal Place of Business 3. Mailing Address
 861 Ballough Road 861 Ballough Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 DAYTONA BEACH FL DAYTONA BEACH FL
 Zip Country Zip Country
 32114 USA 32114 USA



6. Name and Address of Current Registered Agent
 B. PAUL KATZ, ESQUIRE
 1 FLORIDA PARK DRIVE SOUTH
 ATRIUM SUITE
 PALM COAST, FL 32137

4. FEI Number Applied For
 59-3634806 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
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 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UPTON, HUGH D 400 S ATLANTIC AVE, STE 101 ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 861 Ballough Road Daytona Beach FL 32114
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hugh D Upton Date: 4-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #