2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

	ANN	UAL REI	PORT		,	Apr	<i>y</i> , 2003	00.00
DOCUMENT # P99000027594 1. Entity Name SELECT SUITES, INC., HOLDING COMPANY OF FLORIDA					T-P-P-P-P-P-P-P-P-P-P-P-P-P-P-P-P-P-P-P	Sec	eretary (of Stat
861 BALLOUGH ROAD			Mailing Address 861 BALLOUGH ROAD DAYTONA BEACH, FL 32114					
			e, et		04252005	No Chg-P	CR2E034 (10/0	
	OO NOT WE	RITE IN	THIS SPA	CE	4. FEi Number 59-3634		\$9.75	Applied For Not Applicable Additional
·	6. Name and Address of		1	(i)	5. Certificate o	f Status Desired	Fee Requ	
1 FLORID ATRIUM S PALM CO.	KATZ, ESQUIRE IA PARK DRIVE SOUTH BUITE IAST, FL 32137		IN T	NOT WI	ACE			
	a named entity submits this sta tions of registered agent. —			<u> </u>		, in the State of Flori		ith, and accept
FIL	Signature, typed or printed name of regine. E NOWIII FEE IS \$150 lay 1, 2005 Fee will be	.00	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Be led to Fees		DATE	
10.		RS AND DIRECTO	RS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UPTON, HÜGH D 861 BALLOUGH ROAD DAYTONA BEACH, FL	32114				And the second s		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	10 m	U00000 04/29/05-)341600 80020-019	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO I	NOT WI	RITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	HIS SP	ACE	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ·	- -		
TITLE								

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 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 at other like empowered.

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BUNING OFFICER OR DIRECTOR

4. 76.05 Dalo

386-947-9900

Daylime Phone #