


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90079 033 \*\*\*150.00

<b>DOCUMENT # P99000043298</b>					
<b>1. Entity Name</b> <b>AMERICAN HOSPITALITY SUPPLY COMPANY</b>					
<b>Principal Place of Business</b> 10034 SPANISH ISLES BLVD. SUITE C-21 BOCA RATON, FL 33498			<b>Mailing Address</b> P. O. BOX 970416 BOCA RATON, FL 33497		
<b>2. Principal Place of Business</b> 7674 N.W. 6TH AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> BOCA RATON FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0921573	
<b>Zip</b> 33487		<b>Country</b> PALM BEACH		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RITTER, GREGORY J ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 502 BOCA RATON, FL 33433			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD NEFF, LAWRENCE D 10034 SPANISH ISLES BLVD. BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD LAWRENCE D. NEFF 7674 N.W. 6TH AVE BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD NEFF, ANDREW J 10034 SPANISH ISLES BLVD. BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD ANDREW J. NEFF 7674 N.W. 6TH AVE BOCA RATON, FL 33487	
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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lawrence D. Neff</i>			1/8/05 561-483-8040 DATE DAYTIME PHONE #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>LAWRENCE NEFF</b>					

40014718



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