

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000059804	
1. Entity Name DRIFTWOOD HOSPITALITY I, INC.	



Principal Place of Business 1001 N US HIGHWAY 1 SUITE 800 JUPITER, FL 33477	Mailing Address 1001 N US HIGHWAY 1 SUITE 800 JUPITER, FL 33477
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEISSLER, ROBERT I 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130	
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IN THIS SPACE**

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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and file if applicable.</small>	<i>Vice President and Treasurer 1/20/05</i> <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDDMEYER, DAVID 1001 N US HIGHWAY 1 STE 800 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DIAZ, CHARLES M 1001 N US HIGHWAY 1 STE 800 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HALE, PHILIP 1001 N US HIGHWAY 1 STE 800 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALZ, PETER 1001 N US HIGHWAY 1 STE 800 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/05-80075-015 150.00

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IN THIS SPACE**

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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Vice President & Treasurer 1/20/05</i> <small>Date Daytime Phone # 561-207-2700</small>