2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGN

## Mar 22, 2004 8:00 am DOCUMENT # P99000079912 **Secretary of State** 1. Entity Name 03-22-2004 90086 035 \*\*\*158.75 INTERNATIONAL GRANDE HOTEL CORPORATION Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT 14000616 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0994616 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103 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. The asura SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change Change ☐ Addition HARDY, ROBERT S. 5672 Strand Court, SUTEL HARDY, ROBERT S NAME NAME 5692 STRAND CT 3 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Change Addition HARDY, PAUL R NAME STREET ADDRESS 5692 STRAND COURT 1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME KELLY, JANET NAME STREET ADDRESS STREET ADDRESS 5672 STRAND COURT 1 CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLY, JANET 5672 STRAND COURT 1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED