2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10481

Address:

City-St-Zip:

4306 PABLO OAKS COURT

JACKSONVILLE, FL

FILED Apr 14, 2005 Secretary of State

Entity Name: C & P HOSPITALITY, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	.O OAKS COUR VILLE, FL 32224			
Current Mailing Address:			New Mailing Address:	
P.O. BOX 7 JACKSON	16469 VILLE, FL 3224	5 US		
FEI Number:	59-3114860	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
4306 PABL	LUTHER W .O OAKS COUR VILLE, FL 32224			
The above in the State		bmits this statement for the p	ourpose of changing it	s registered office or registered agent, or both,
SIGNATUR	RE:			
	Electronic	Signature of Registered Age	ent	Date
Election Can	npaign Financing 1	rust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D COGGIN, LUTHER 4306 PABLO OAK JACKSONVILLE,	R W., IS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () Delete POTTS, DAVID T., 4306 PALBO OAKS COURT JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	VD () D TOMM, C.B. 4306 PABLO OAK JACKSONVILLE,	S COURT	Title: Name: Address: City-St-Zip:	VTD (X) Change () Addition TAYLOR, LORI J 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224
Title: Name: Address: City-St-Zip:	VD () D NOBLE, NANCY E 4306 PABLO OAK JACKSONVILLE,)., (S COURT	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHIELDS, SANDRA A 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224
Title: Name:	TS (X) D MARLETTE, LIND		Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LORI J. TAYLOR 04/14/2005 ٧