


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 004 ***150.00

DOCUMENT # V14286	
1. Entity Name HOTEL FUND, INC.	


Principal Place of Business 5901 MONTROSE RD. SUITE N-409 ROCKVILLE MD 20852	Mailing Address 5901 MONTROSE RD. SUITE N-409 ROCKVILLE MD 20852
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2. Principal Place of Business 4733 Bethesda Avenue Suite, Apt. #, etc. Suite 640	3. Mailing Address 4733 Bethesda Avenue Suite, Apt. #, etc. Suite 640
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City & State Bethesda MD	City & State Bethesda MD
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Zip 20814	Country USA	Zip 20814	Country USA
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50040147



1st MOORE CR2E034 (10/04)

4. FEI Number 58-1994708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D SPIVACK, EDMUND S. 5901 MONTROSE ROAD #N409 ROCKVILLE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIVACK, EDMUND S. 5901 MONTROSE ROAD (N-409) ROCKVILLE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIVACK, EDMUND S. 5901 MONTROSE ROAD (N-409) ROCKVILLE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPIVACK, EDMUND S. 5901 MONTROSE ROAD (N-409) ROCKVILLE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NIEMELA, MARYLYN 20421 IVYBRIDGE COURT GAITHERSBURG MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KIRKHAM, WALTER 1550 E. MAPLEWOOD CT LITTLETON CO <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4733 Bethesda Avenue, Suite 640 Bethesda MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4733 Bethesda Avenue, Suite 640 Bethesda MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4733 Bethesda Avenue, Suite 640 Bethesda MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4733 Bethesda Avenue, Suite 640 Bethesda MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 N. Leisure World Blvd., Apt. 411 Silver Spring MD 20906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 E. Maplewood Court Centennial CO 80121

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:  **Edmund S. Spivack** **4/10/05** **301-881-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #