

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V41401 1. Entry Name FLORIDA HOTELS & RESTAURANTS, INC.	
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Principal Place of Business 60 SOUTH IVANHOE ST ORLANDO, FL 32804 US	Mailing Address 60 S IVANHOE BLVD ORLANDO, FL 32804 US
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-F CR2E034 (10/03)

4. FEI Number 59-3208507	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZACZAC, GEORGE
60 S IVANHOE BLVD
ORLANDO, FL 32804

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZAC-ZAC, GEORGE 60 S. IVANHOE STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZAC-ZAC, LOURDES 60 S. IVANHOE STREET ORLANDO, FL 32804
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05/03/04-80177-013 150.00

**DO NOT WRITE
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)(g), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #