

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90042 025 ***150.00

DOCUMENT # V41401

1. Entity Name
FLORIDA HOTELS & RESTAURANTS, INC.



Principal Place of Business
60 SOUTH IVANHOE ST
ORLANDO, FL 32804 US

Mailing Address
60 S IVANHOE BLVD
ORLANDO, FL 32804 US

40028727



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3208507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ZAC-ZAC, GEORGE
STREET ADDRESS	60 S. IVANHOE STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VSD
NAME	ZAC-ZAC, LOURDES
STREET ADDRESS	60 S. IVANHOE STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #