2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #V65054

1. Entity Name

HOTÉL SUPPLY COMPANY



FILED Jan 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1173 KERSFIELD CIRCLE LAKE MARY, FL 32746 1173 KERSFIELD CIRCLE LAKE MARY, FL 32746



DO	NOT	WRITE	IN	THIS	SPACE
	_			_	

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3142077

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLER, BARBARA 1173 KERSFIELD CIRCLE LAKE MARY, FL 32746

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 remstating) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS								
NAME STREET ADDRESS CITY-ST-ZIP	DPST FULLER, BARBARA M 1173 KERSFIELD CIRCLE LAKE MARY, FL 32746	_								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. .				D1\D\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
NAME STREET ADDRESS CITY-ST-ZIP			•	IN ⁻	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP_										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										

12. I hereby certify that the information supplied with this filling 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 meaduress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

417-232-1925

lo lo

Daytime Phone #