

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90135 028 \*\*\*158.75

**DOCUMENT # V66666**

1. Entity Name  
CEBCO HOTEL ASSOCIATES, INC.



Principal Place of Business  
801 N MAGNOLIA AVE  
STE 401  
ORLANDO, FL 32803 US

Mailing Address  
P O BOX 536927  
ORLANDO, FL 32853-6927



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3143265

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**

BROOKS, C E  
801 N MAGNOLIA AVE  
SUITE 401  
ORLANDO, FL 32803

**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 PD  
NAME BROOKS, CHARLES E.  
STREET ADDRESS 801 N MAGNOLIA AVE. #401  
CITY-ST-ZIP ORLANDO, FL

TITLE VSTD  
NAME BROOKS, CYNTHIA M.  
STREET ADDRESS 801 N MAGNOLIA AVE. #401  
CITY-ST-ZIP ORLANDO, FL

TITLE AS  
NAME MANN, A. L.  
STREET ADDRESS 801 N. MAGNOLIA AVE., #401  
CITY-ST-ZIP ORLANDO, FL

TITLE V  
NAME SCHAFER, ROBERT  
STREET ADDRESS 801 N MAGNOLIA AVE. #401  
CITY-ST-ZIP ORLANDO, FL

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

C. M. Brooks

3/26/07

(407) 422-4474

Date

Daytime Phone #