

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66666

FILED  
Mar 24, 2010  
Secretary of State

Entity Name: CEBCO HOTEL ASSOCIATES, INC.

**Current Principal Place of Business:**

801 N MAGNOLIA AVE  
SUITE 401  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 N MAGNOLIA AVE  
SUITE 401  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 59-3143265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROOKS, CHARLES E  
Address: 801 N MAGNOLIA AVE. #401  
City-St-Zip: ORLANDO, FL 32803 US

Title: VSTD  
Name: BROOKS, CYNTHIA M  
Address: 801 N MAGNOLIA AVE. #401  
City-St-Zip: ORLANDO, FL 32803 US

Title: AS  
Name: MANN, A. L.  
Address: 801 N. MAGNOLIA AVE., #401  
City-St-Zip: ORLANDO, FL 32803 US

Title: V  
Name: SCHAFER, ROBERT W  
Address: 801 N MAGNOLIA AVE. #401  
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. M. BROOKS

V

03/24/2010

Electronic Signature of Signing Officer or Director

Date