

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S73454

**Entity Name:** HMC HOSPITALITY GROUP INC.

**Current Principal Place of Business:**

107 HAMPTON ROAD  
STE 200  
CLEARWATER, FL 33759

**Current Mailing Address:**

107 HAMPTON ROAD  
STE 200  
CLEARWATER, FL 33759 US

**FEI Number:** 59-3081926

**Certificate of Status Desired:** No

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

KIEFER, NEIL G  
107 HAMPTON ROAD  
STE 200  
CLEARWATER, FL 33759 US

*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

**Officer/Director Detail :**

Title DP  
Name KIEFER, NEIL G  
Address 140 COMMONWEALTH COURT N  
City-State-Zip: ST. PETERSBURG FL 33716

Title DVP  
Name DIGIANNANTONIO, GILBERT  
Address 125 BELLEVIEW BOULEVARD #605  
City-State-Zip: BELLEAIR FL 33756

Title STD  
Name CLARK, BRUCE W  
Address 2125 PINNACLE CIRCLE SOUTH  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name DROSTE, EDWARD C  
Address 20 MIDWAY ISLAND  
City-State-Zip: CLEARWATER FL 33767

Title D  
Name JOHNSON, DENNIS D  
Address 277 ABERDEEN STREET  
City-State-Zip: DUNEDIN FL 34698

Title ASST. SECRETARY  
Name WEATHERILT, NATHAN M  
Address 1342 EASTFIELD DRIVE  
City-State-Zip: CLEARWATER FL 33764

*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:** NEIL G KIEFER

**PRESIDENT**

**03/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date