


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000072584**

1. Entity Name  
 KIRKMAN ROAD HOTEL CORP.



Principal Place of Business  
 4435 OLD WINTER GARDEN ROAD  
 ORLANDO, FL 32802

Mailing Address  
 C/O AVR  
 ONE EXECUTIVE BLVD  
 YONKERS, NY 10701 US



08262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 13-3964375

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
 4435 OLD WINTER GARDEN ROAD  
 ORLANDO, FL 32802

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, ALLAN V ONE EXECUTIVE BLVD. YONKERS, NY 10701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEIKES, VICKI G 60 E. 42ND ST. #1411 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IDE, FRED ONE EXECUTIVE BLVD YONKERS, NY 10701
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U00000958829  
 09/03/08-80004-015 550.00

**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: Frederick E. Ide **FREDERICK E. IDE** 8/26/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #