

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F04000004069

1. Entity Name

EAGLE HOSPITALITY PROPERTIES TRUST, INC.



FILED

05 MAY 12 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business

100 E. RIVERCENTER BLVD STE. 480
COVINGTON KY 41011

Mailing Address

100 E. RIVERCENTER BLVD STE. 480
COVINGTON KY 41011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0862656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD. INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME BLACKHAM, J. WILLIAM
STREET ADDRESS 100 E. RIVERCENTER BLVD STE. 480
CITY-ST-ZIP COVINGTON KY 41011

TITLE ST ☒ Delete
NAME FREDERICK, THOMAS A
STREET ADDRESS 100 E. RIVERCENTER BLVD STE. 480
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900054857859
CITY-ST-ZIP 05/19/05--01051--001 **200.00

TITLE ST ☒ Change ☒ Addition
NAME MARTZ, RAYMOND D.
STREET ADDRESS 100 E. RIVERCENTER BLVD STE 480
CITY-ST-ZIP COVINGTON KY 41011

TITLE V ☐ Change ☒ Addition
NAME GUERNIER, BRIAN
STREET ADDRESS 100 E. RIVERCENTER BLVD STE 480
CITY-ST-ZIP COVINGTON KY 41011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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, and all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-02-05