

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90263 048 ***150.00

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04192005 Chg-P CR2E034 (10/03)

DOCUMENT # 291895					
1. Entity Name INN OF LAKE CITY, INC.					
Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232 US			Mailing Address PO BOX 32009 FLOWOOD, MS 39232 US		
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 59-1004836	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS (JOHN E) 201 N MARION ST. LAKE CITY, FL 32055			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STURDIVANT, MIKE P		NAME		
STREET ADDRESS	RT 1		STREET ADDRESS		
CITY-ST-ZIP	GLENDORA, MS		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, EARLE F.		NAME		
STREET ADDRESS	1000 RED FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	FLOWOOD, MS 39208		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P.		NAME		
STREET ADDRESS	1000 RED FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	FLOWOOD, MS 39208		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, MICHAEL J.		NAME		
STREET ADDRESS	1000 RED FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	FLOWOOD, MS 39208		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Michael J. Hart</i>		MICHAEL J. HART		4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	