

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292032

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** INN OF JACKSONVILLE-AIRPORT, INC.

**Current Principal Place of Business:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 320009  
FLOWOOD, MS 39232 US

**New Mailing Address:**

**FEI Number:** 59-1061896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, JOHN E.  
201 N MARION ST.  
LAKE CITY, FL 32055 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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: STURDIVANT, MIKE P.  
Address: DUE WEST RD  
City-St-Zip: GLENDORA, MS 38928 US

Title: PD  
Name: JONES, EARLE F.  
Address: 100 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232 US

Title: D  
Name: STURDIVANT, YGONDINE W.  
Address: DUE WEST RD  
City-St-Zip: GLENDORA, MS 38928 US

Title: VS  
Name: STURDIVANT, GAINES P (XVP)  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232 US

Title: VT  
Name: HART, MICHAEL J.  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232 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: MICHAEL J. HART

VT

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date