2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90007 016 ***150.00

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1. Entity Name
SAN CARLOS LODGE INC

Principal Place of Business	Mailing Address
790 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931	21266 SAIL BAY DRIVE % JAMES D. HALL CASSOPOLIS, MI 49031

01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1160781
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TITUS, JESSICA L~~ Paula Coontz
6035 ESTERO BLVD
FORT MYERS BEACH, FL 33931

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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 Paula Coontz Paula Coontz 27 Jan. 04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HALL, JAMES D
STREET ADDRESS	21266 SAIL BAY DRIVE
CITY-ST-ZIP	CASSOPOLIS, MI 49031
TITLE	VD
NAME	HALL, JOHN R
STREET ADDRESS	227 EMS C27C
CITY-ST-ZIP	WARSAW, IN 46582
TITLE	PD
NAME	HALL, JANET F
STREET ADDRESS	21266 SAIL BAY DRIVE
CITY-ST-ZIP	CASSOPOLIS, MI 49031
TITLE	TD
NAME	HALL, MAUREEN
STREET ADDRESS	227 EMS C27C
CITY-ST-ZIP	WARSAW, IN 46582
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: James D. Hall 27 Jan. 04 269-445-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #