


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # 301484 1. Entity Name SAN CARLOS LODGE INC	
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Principal Place of Business 790 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931	Mailing Address 21266 SAIL BAY DRIVE % JAMES D. HALL CASSOPOLIS, MI 49031
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1160781	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 KIKER, PAULA 8035 ESTERO BLVD FORT MYERS BEACH, FL 33931	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, JAMES D 21266 SAIL BAY DRIVE CASSOPOLIS, MI 49031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, JOHN R 227 EMS C27C WARSAW, IN 46582
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JANET F 21266 SAIL BAY DRIVE CASSOPOLIS, MI 49031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, MAUREEN 227 EMS C27C WARSAW, IN 46582
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80030-003 150.00

**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:  **James D. Hall** 1-8-07 269-445-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #