


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90028 016 ***150.00

DOCUMENT # F99000006132					
1. Entity Name APPLE SUITES MANAGEMENT, INC.					
Principal Place of Business 814 EAST MAIN STREET RICHMOND, VA 23219			Mailing Address 814 EAST MAIN STREET RICHMOND, VA 23219		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1938869	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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, 2006 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	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, GLADE M		NAME		
STREET ADDRESS	814 EAST MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23219		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, J. P		NAME	David Buckley	
STREET ADDRESS	814 EAST MAIN STREET		STREET ADDRESS	814 East Main St	
CITY-ST-ZIP	RICHMOND, VA 23219		CITY-ST-ZIP	Richmond VA 23219	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNEY, DAVID S		NAME		
STREET ADDRESS	814 EAST MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23219		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN, JENNIFER R		NAME	Bryan Peery	
STREET ADDRESS	814 EAST MAIN STREET		STREET ADDRESS	814 East Main St	
CITY-ST-ZIP	RICHMOND, VA 23219		CITY-ST-ZIP	Richmond, VA 23219	
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 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: <i>Bryan Peery</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/6/06</i> Daytime Phone #: <i>804 344 8121</i>	