


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000009049 1. Entity Name CEM INN CORPORATION	
--	---

Principal Place of Business 2958 KENLWICK DRIVE NORTH CLEARWATER FL 34621	Mailing Address 2958 KENLWICK DRIVE NORTH CLEARWATER FL 34621
---	---



1st MOORE CR2E034 (10/04)

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 59-3291294	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
---	--

6. Name and Address of Current Registered Agent
CASTELLI, ELISA 2958 KENLWICK DRIVE NORTH CLEARWATER FL 33761

7. Name and Address of New Registered Agent
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	CASTELLI, DAVID A
STREET ADDRESS	2958 KENLWICK DRIVE NORTH
CITY - ST - ZIP	CLEARWATER FL 33761
TITLE	VP <input type="checkbox"/> Delete
NAME	EGERTER, CHARLES
STREET ADDRESS	2958 KENLWICK DRIVE NORTH
CITY - ST - ZIP	CLEARWATER FL 33761
TITLE	S <input type="checkbox"/> Delete
NAME	CASTELLI, ELISA
STREET ADDRESS	2958 KENLWICK DRIVE NORTH
CITY - ST - ZIP	CLEARWATER FL 33761
TITLE	T <input type="checkbox"/> Delete
NAME	EGERTER, AMY E
STREET ADDRESS	2958 KENLWICK DRIVE NORTH
CITY - ST - ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000262459
STREET ADDRESS	03/14/05-80057-006 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: <u>E. Castelli</u>	<u>3-11-05</u>	<u>777-796-9640</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #