


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 027 ***150.00

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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
 City & State

4. FEI Number
59-3291294

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTELLI, ELISA
 2958 KENILWICK 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTELLI, DAVID A 2958 KENILWICK DRIVE NORTH CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EGERTER, CHARLES 2958 KENILWICK DRIVE NORTH CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MARIAN L MENNA
2958 KENILWICK DRN,
CLW, FL 33761

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E. Castelli Date: 2-16-06 Daytime Phone #: 727-796-9640