

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90131 002 \*\*\*150.00

DOCUMENT # P98000051621

1. Entity Name

INN-STALL-SERVICE GROUP INC.



Principal Place of Business

3601 SR 426 N  
 GENEVA FL 32732

Mailing Address

~~P.O. BOX 1290~~ PO Box 622090  
 GENEVA FL 32732  
 Oviedo FL  
 32762-2090

24045746



MOORE CR2E034 (11/03)

2. Principal Place of Business

203 W magnolias St  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 622090  
 Suite, Apt. #, etc.  
 Oviedo FL

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

88-0374720

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMPAGNONE, FRANK  
 3601 STATE RD 426N  
 GENEVA FL 32732

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	COMPAGNONE, FRANK	3601 SR 426 N	GENEVA FL 32732	<input type="checkbox"/>
S	COMPAGNONE, KIMBERLY	3601 SR 426 N	GENEVA FL 32732	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		203 West Magnolia St	Oviedo FL 32765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		203 W magnolia St	Oviedo FL 32765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

DATE

321 229 2833

Daytime Phone #