

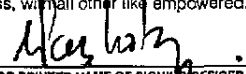


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000060133		
1. Entity Name ECONO LODGE MOTEL OF PENSACOLA, INC.		
Principal Place of Business 7194 PENSACOLA BLVD. PENSACOLA, FL 32505	Mailing Address 7194 PENSACOLA BLVD. PENSACOLA, FL 32505	
DO NOT WRITE IN THIS SPACE		
		04302006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3199310
		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 PARSHOTAM, VIKRAM 7194 PENSACOLA BLVD. PENSACOLA, FL 32505		DO NOT WRITE IN THIS SPACE
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		DO NOT WRITE IN THIS SPACE U00000563361 05/20/06-80007-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSHOTAM, OOMESH P 7194 PENSACOLA BLVD. PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARSHOTAM, VIKRAM B 7194 PENSACOLA BLVD. PENSACOLA, FL	
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TITLE NAME STREET ADDRESS 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: 		5. 10.06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #