


150

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12605
 1. Entity Name
SERVICE PROPERTIES 2000, INC.



Principal Place of Business
 3930 FULTON DRIVE, N.W.
 CANTON, OH 44718

Mailing Address
 3930 FULTON DRIVE, N.W.
 CANTON, OH 44718

DO NOT WRITE IN THIS SPACE

FILED
 08 MAY -1 PM 2: 11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
 34-1453083 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARRISH, JON D
 PARRISH & MOORE PA
 2171 PINE RIDGE RD
 NAPLES, FL 34109

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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, 2008 Fee will be \$550.00

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	TP THOMAS, GREGORY 3930 FULTON DRIVE NW CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOSEPH 3930 FULTON DR., NW CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, DAVID 3930 FULTON DRIVE NW CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

MS/5
 700129462357
 05/14/08--01024--023 **288.75

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/08 Daytime Phone #: 330-492-8400