

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 291472

1. Entity Name
FIVE FLAGS INN INC



Principal Place of Business
299 FT. PICKENS RD.
PENSACOLA, FL 32561 US

Mailing Address
8697 NAVARRE PRKWY
NAVARRE, FL 32566 US



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1061546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, MAL
951 GRAND CANAL ST
GULF BREEZE, FL 32563

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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000734279
05/09/07-80110-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, C. BAKER JR.
STREET ADDRESS	299 FT. PICKENS RD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	WILLIAMS, MAL
STREET ADDRESS	299 FT. PICKENS RD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	ST
NAME	WILLIAMS, MAL
STREET ADDRESS	299 FT. PICKENS RD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 *Charles Clark Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2007 850 939 9400