

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6198  
**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 291895**

1. Entity Name  
INN OF LAKE CITY, INC.



Principal Place of Business  
1000 RED FERN PLACE  
FLOWOOD, MS 39232 US

Mailing Address  
PO BOX 32009  
FLOWOOD, MS 39232 US

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1004836

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NORRIS (JOHN E  
201 N MARION ST.  
LAKE CITY, FL 32055

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000155981  
05/05/04-80059-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD STURDIVANT, MIKE P RT 1 GLENDORA, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, EARLE F. 1000 RED FERN PLACE FLOWOOD, MS 39208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS STURDIVANT, GAINES P. 1000 RED FERN PLACE FLOWOOD, MS 39208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HART, MICHAEL J. 1000 RED FERN PLACE FLOWOOD, MS 39208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/30/04

Date

601-936-3666

Daytime Phone #