


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 Mailing Address
 1000 RED FERN PLACE PO BOX 32009
 FLOWOOD, MS 39232 US 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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

U00000155981
 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: Michael J. Hart 4/30/04 601-936-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #