


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 292032**  
 1. Entity Name  
**INN OF JACKSONVILLE-AIRPORT, INC.**



Principal Place of Business      Mailing Address  
 1000 RED FERN PLACE      P.O. BOX 320009  
 P.O. BOX 16807      FLOWOOD, MS 39232    US  
 FLOWOOD, MS 39232    US

**DO NOT WRITE IN THIS SPACE**



03182004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1061896**      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

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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**

1000000155541  
 05/05/04-80040-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STURDIVANT, MIKE P. E. DREW ROAD GLENDORA, MISSISSIPP,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, EARLE F. 100 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURDIVANT, YGONDINE W. E. DREW ROAD GLENDORA, MISSISSIPP,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STURDIVANT, GAINES P (XVP) 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HART, MICHAEL J. 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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      4/28/04      601-936-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #