


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 022 ***150.00

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



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

Mailing Address
 P.O. BOX 320009
 FLOWOOD, MS 39232 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04182006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-1061896

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Due West Rd.	
CITY-ST-ZIP	Glendora, ms 39928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Due West Rd	
CITY-ST-ZIP	Glendora, ms 38928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael J Hart Date: 4/21/06 Daytime Phone #: 601-936-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR