

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90049 023 ***150.00

DOCUMENT # 332693

1. Entity Name

LODGE HOLDING ENTERPRISES INCORPORATED



Principal Place of Business

5063 HWY 90
MILTON FL 32571

Mailing Address

5063 HWY 90
MILTON FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

17-0022010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBBINS, MICHAEL R
5708 CHARMONTE WAY
MILTON FL 32583

(Deceased)

Name

DAVID WILES

Street Address (P.O. Box Number is Not Acceptable)

5304 Anthony Ave

City

Milton

FL

Zip Code

32570

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

DAVID WILES

David Wiles

4/6/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME BORDERS, VERNON
STREET ADDRESS 4062 GILLNET LN
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME ALLEN, WILLIAM
STREET ADDRESS 4701 SHELL ROAD
CITY-ST-ZIP MILTON FL 32583

TITLE P ☒ Change ☒ Addition
NAME LYNN BOWMAN
STREET ADDRESS P.O. Box 1001
CITY-ST-ZIP PACE FL 32571

TITLE T ☐ Delete
NAME WETHERBEE, GEORGE R.
STREET ADDRESS 5801 GREENFIELD ST
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DEVEAU, TAMMY
STREET ADDRESS 5284 AVENIDA DEL FUEGO
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORFELD, RICHARD L
STREET ADDRESS 5701 WINDHAM ROAD
CITY-ST-ZIP MILTON FL 32570-8371

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, JERRY R.
STREET ADDRESS 1210 PACE LANE
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lynn Bowman *Lynn Bowman*

4-6-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #