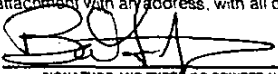


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 006 ***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 - No P.O. Box # Suite, Apt. #, etc City & State Zip Country		3. Mailing Address Suite, Apt. #, etc City & State Zip Country			
4. FEI Number 17-0022010				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04062008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HOFFMAN, ESQ, BRIAN 226 PALAFOX PLACE 9TH FLR SEVILLE TOWER MILTON, FL 32570			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 fee if applicable (NOTE: Registered Agent signature required when re-statuting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P WILES, DAVE 5304 ANTHONY DR MILTON, FL 32570	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond Carroll 8001 OLD Hickory Hammock Rd Milton, FL 32583	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHRAN, DEBBIE 5092 BARBARA LN MILTON, FL 32570	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Morfeld, Richard 5701 Windham Rd Milton, FL 32570-8371	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZMAYER, BARBARA 4831 GREGG MILTON, FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCER, RUTH 6050 JENNIFER DAY CT MILTON, FL 32583	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debbie Peardon 3614 Aubrey LN Pace, FL 32571	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, LAMAR 4447 OAK LANE MILTON, FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.R. Cochran 5092 Barbara LN Milton, FL 32570	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDERS, VERNON 323 JIMMY LEWIS RD MILTON, FL 32570	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Borders, Vernon 323 Jimmy Lewis Rd Milton, FL 32570	☒ Change ☐ Addition
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:  Barbara Fitzmayer			17 Apr 08 850-324-1249		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					