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	Mailing Address
5063 HWY 90 MILTON, FL 32571	5063 HWY 90 MILTON, FL 32571

04062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	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
HOFFMAN, ESQ, BRIAN 226 PALAFOX PLACE 9TH FLR SEVILLE TOWER MILTON, FL 32570	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, type 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, 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 8091 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 4631 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 Peadon 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #