

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332693

FILED
Apr 21, 2009
Secretary of State

Entity Name: LODGE HOLDING ENTERPRISES INCORPORATED

Current Principal Place of Business:

5063 HWY 90
MILTON, FL 32571

New Principal Place of Business:

Current Mailing Address:

5063 HWY 90
MILTON, FL 32571

New Mailing Address:

FEI Number: 17-0022010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, ESQ, BRIAN
226 PALAFOX PLACE
9TH FLR SEVILLE TOWER
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARROLL, RAYMOND
Address: 8001 OLD HICKORY HAMMOCK RD
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: MORFELD, RICHARD
Address: 5701 WINDHAM RD
City-St-Zip: MILTON, FL 325708371

Title: T () Delete
Name: FITZMAYER, BARBARA
Address: 4631 GREGG
City-St-Zip: MILTON, FL 32571

Title: S () Delete
Name: PEADON, DEBBIE
Address: 3614 AUBREY LANE
City-St-Zip: MILTON, FL 32571

Title: D () Delete
Name: MERCER, LAMAR
Address: 4447 OAK LANE
City-St-Zip: MILTON, FL 32583

Title: P () Delete
Name: BORDERS, VERNON
Address: 323 JIMMY LEWIS RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FLOWERS, JOE
Address: 4124 POLK AVE
City-St-Zip: MILTON, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: COOLEY, HAROLD
Address: 4505 STRUTH LN
City-St-Zip: MILTON, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBAR FITZMAYER

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date