


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 382276 |  |
| 1. Entity Name STUART MOTOR LODGE, INC. | |

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|---|--|
| Principal Place of Business 1209 S. FEDERAL HWY JENSEN BEACH, FL 34957 US | Mailing Address 3793 NE OCEAN BLVD JENSEN BEACH, FL 34957 US |
|---|--|

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-1349074 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**GOOGE, JR., HOWARD E
401 EAST OSCEOLA STREET
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LEEDY, MARY LYNN 100 PARK AVE. BLDG. OKLAHOMA CITY, OK |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DUNCAN, NICHOLAS V 100 PARK AVE BLDG OKLAHOMA CITY, OK |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD DAN, DENNIS 100 PARK AVE. BLDG. OKLAHOMA CITY, OK |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS JONES, DEADRE 100 PARK AVE. BLDG. OKLAHOMA CITY, OK |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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02/24/05-80081-006 150.00

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: *Dennis C. Dan* **2-5-05** **405-272-1881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #