

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

792-0140

FILED

Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 382276

1. Entity Name

STUART MOTOR LODGE, INC.



Principal Place of Business

1209 S. FEDERAL HWY
JENSEN BEACH FL 34957
US

Mailing Address

1209 S FEDERAL HWY
STUART FL 34994
US



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

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-1349074

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

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

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent sign turn required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEEDY, MARY LYNN	
STREET ADDRESS	100 PARK AVE. BLDG.	
CITY-STATE-ZIP	OKLAHOMA CITY OK	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNCAN, NICHOLAS V	
STREET ADDRESS	100 PARK AVE BLDG	
CITY-STATE-ZIP	OKLAHOMA CITY OK	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAN, DENNIS	
STREET ADDRESS	100 PARK AVE. BLDG.	
CITY-STATE-ZIP	OKLAHOMA CITY OK	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JONES, DEADRE	
STREET ADDRESS	100 PARK AVE. BLDG.	
CITY-STATE-ZIP	OKLAHOMA CITY OK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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04/15/08-80084-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dennis C. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-08 405 2721881
Date Day, the Phone #