2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90011 003 ***150.00

DOCUMENT # 533969

1. Entity Name

AD-INNS, INC.

Principal Place of Business	Mailing Address
1212 MT. VERNON ST. ORLANDO FL 32803 US	~~1212 MT. VERNON~~ ST. ~~ORLANDO FL 32803~~ ~~US~~

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 2420
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINDERMERE FL
Zip / Country	Zip: 34786 / Country: ORANGE

4. FEI Number: 59-1794531 ☐ 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
LITVANY, SANDRA E ~~1212 MT. VERNON STREET~~ ~~ORLANDO FL 32803~~	Name: SANDRA E. LITVANY Street Address (P.O. Box Number is Not Acceptable): 515 JENNIFER LANE City: WINDERMERE FL Zip Code: 34786

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD LITVANY, SANDRA E. ~~1212 MT. VERNON ST.~~ ~~ORLANDO FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 515 JENNIFER LANE WINDERMERE, FL 34786
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAINES, LISA ~~1212 MT. VERNON ST.~~ ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4516 WAYFARER AVE ORLANDO, FL 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LITVANY, SANDRA E. ~~1212 MT. VERNON ST.~~ ~~ORLANDO FL 41~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 515 JENNIFER LANE WINDERMERE, FL 34786
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sandra E. Litvany 2/24/03 407-895-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #