

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUNE 7 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/12/04 01013 006 \$150.00



DOCUMENT # 679567 1. Entity Name UPTON INNS, INC.			
Principal Place of Business 400 S. ATLANTIC AVE. SUITE 101 ORMOND BEACH, FL 32176		Mailing Address 400 S. ATLANTIC AVE. SUITE 101 ORMOND BEACH, FL 32176	
2. Principal Place of Business 861 Ballowh Road		3. Mailing Address 861 Ballowh Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAYTONA BEACH FL		City & State DAYTONA BEACH FL	
Zip 32114 Country USA		Zip 32114 Country USA	
6. Name and Address of Current Registered Agent UPTON, HUGH D. 400 S. ATLANTIC AVE. SUITE 101 ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 861 Ballowh Road City DAYTONA BEACH FL Zip Code 32114	
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: <i>Hugh D. Upton</i> Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE: 4-13-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 UPTON, HUGH D 2712 S PENINSULA DRIVE DAYTONA BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600036079466 05/12/04--01013--006 ***441.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UPTON, ROSEMARY J 2712 S PENINSULA DRIVE DAYTONA BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Hugh D. Upton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 5/12/04 386-255-5400 Daytime Phone #	