


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 707072	
1. Entity Name POMPAÑO LODGE INC	

Principal Place of Business 800 PINE DRIVE POMPAÑO BEACH FL 33060	Mailing Address 800 PINE DRIVE POMPAÑO BEACH FL 33060
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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	CR2E037 (10/07)
4. FEI Number NO-T APPLICABLE	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	
ASIMUS, CHARLES 800 PINE DR #6 POMPAÑO BEACH FL 33060	

7. Name and Address of New Registered Agent	
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: *Charles Asimus* **CHARLES ASIMUS** **1/31/08**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature is required when registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PD ASIMUS, CHARLES 800 PINE DRIVE POMPAÑO BCH FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SD MEYER, JIM 800 PINE DR #11 POMPAÑO BEACH FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DT BAUTE, ART 800 PINE DR #17 POMPAÑO BCH FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D LABILLOIS, GERRY 800 PINE DR, APT 3 POMPAÑO BCH FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VPD BLAND, DAVID 800 PINE DR 19 POMPAÑO BEACH FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000807390 02/07/08-80006-020 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *James M. Meyer* **James M. Meyer** **1/31/08**