


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 741023 1. Entity Name ALLYBY LODGE, INC.	
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Principal Place of Business 2872 KINGS RD. ST. AUGUSTINE, FL 32086 US	Mailing Address 2872 KINGS PL ST. AUGUSTINE, FL 32086 US
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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMAS B. WHITCOMB
2872 KINGS RD.
ST. AUGUSTINE, FL 32086**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLING, WILLIAM H., JR 9430 US 1 SOUTH ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, MIKE 9460 US 1 SOUTH ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGRANDE, JOSEPH 405 LOBELIA ROAD ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POIRIER, CAMILLE H 100 SR 206 WEST ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITCOMB, THOMAS 2872 KINGS ROAD ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLING, ROBERT P.O. BOX 4045 N/A ST AUGUSTINE, FL

000000010715
01/23/04-80007-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas B. Whitcomb 1-19-2004 904-794-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #