

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 741023

1. Entity Name
ALLYBY LODGE, INC.



Principal Place of Business
2872 KINGS RD.
ST. AUGUSTINE, FL 32086 US

Mailing Address
2872 KINGS PL
ST. AUGUSTINE, FL 32086 US



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KLING, WILLIAM H., JR
STREET ADDRESS 9430 US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE VD
NAME ROBINSON, MIKE
STREET ADDRESS 9460 US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE D
NAME DEGRANDE, JOSEPH
STREET ADDRESS 405 LOBELIA ROAD
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE TD
NAME POIRIER, CAMILLE H
STREET ADDRESS 100 SR 206 WEST
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE SD
NAME WHITCOMB, THOMAS
STREET ADDRESS 2872 KINGS ROAD
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE D
NAME KLING, ROBERT
STREET ADDRESS P.O. BOX 4045 N/A
CITY-ST-ZIP ST AUGUSTINE, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Thomas B. Whitcomb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2006 904.794-0010
Date Daytime Phone #