


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741023</b> 1. Entity Name <b>ALLYBY LODGE, INC.</b>	
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Principal Place of Business <b>2872 KINGS RD. ST. AUGUSTINE, FL 32086 US</b>	Mailing Address <b>2872 KINGS PL ST. AUGUSTINE, FL 32086 US</b>
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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

U000000606698  
01/31/07-80007-020 61.25

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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 Thomas B. Whitcomb 1-20-2007 9047840000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #