


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001185					
1. Entity Name E. INNS ORLANDO, INC.					
Principal Place of Business 7700 WOLF RIVER BOULEVARD GERMANTOWN TN 38138			Mailing Address 7700 WOLF RIVER BOULEVARD GERMANTOWN TN 38138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, PHIL SR			NAME	
STREET ADDRESS	7700 WOLF RIVER BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, PHIL JR			NAME	
STREET ADDRESS	7700 WOLF RIVER BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138			CITY-ST-ZIP	
TITLE	PCOO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, HOWARD			NAME	
STREET ADDRESS	7700 WOLF RIVER BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138			CITY-ST-ZIP	
TITLE	VST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, DON			NAME	
STREET ADDRESS	7700 WOLF RIVER BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138			CITY-ST-ZIP	
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RON			NAME	
STREET ADDRESS	7700 WOLF RIVER BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUPREE, WILLIAM W JR.			NAME	
STREET ADDRESS	7700 WOLF RIVER BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138			CITY-ST-ZIP	



MOORE CR2E034 (11/03)

4. FEI Number 62-1701472 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

U000000039131
02/06/04-80185-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/30/04 Daytime Phone #