

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90031 001 ***150.00

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1. Entity Name
ENCHANTED 192 INNKEEPERS, INC.



01262004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3587200

Applied For
☐ Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENE, DOUG	
STREET ADDRESS	1000 MARKET STREET, SUITE 300, BLDG. ONE	
CITY-ST-ZIP	PORTSMOUTH, NJ 03801	
TITLE	V	<input type="checkbox"/> Delete
NAME	ACKRIDGE, DAVID	
STREET ADDRESS	1000 MARKET STREET, SUITE 300, BLDG. ONE	
CITY-ST-ZIP	PORTSMOUTH, NJ 03801	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEANE, THOMAS M	
STREET ADDRESS	1000 MARKET STREET, SUITE 300, BLDG. ONE	
CITY-ST-ZIP	PORTSMOUTH, NJ 03801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Greene
STREET ADDRESS	1000 Market Street, Suite 300
CITY-ST-ZIP	Portsmouth, NH 03801
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Ackridge
STREET ADDRESS	1000 Market Street, Suite 300
CITY-ST-ZIP	Portsmouth, NH 03801
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Keane
STREET ADDRESS	1000 Market Street
CITY-ST-ZIP	Portsmouth, NH 03801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Paula F. Greene Doug Greene 1/13/04 (603) 559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #