

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000421

1. Entity Name
ENCHANTED 192 INNKEEPERS, INC.



Principal Place of Business
1000 MARKET STREET, SUITE 300
PORTSMOUTH, NJ 03801

Mailing Address
1000 MARKET STREET, SUITE 300
PORTSMOUTH, NJ 03801



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3587200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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

U00000427782
02/21/06-80016-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME GREENE, DOUG
STREET ADDRESS 1000 MARKET STREET, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE V
NAME AKRIDGE, DAVID
STREET ADDRESS 1000 MARKET STREET, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE S
NAME KEANE, THOMAS M
STREET ADDRESS 1000 MARKET STREET, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 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

Daytime Phone #

David Akridge, U.P. (603) 559-21