


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # F03000003711</b>	
1. Entity Name <b>POWERLINE INNKEEPERS, INC.</b>	

Principal Place of Business <b>1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801</b>	Mailing Address <b>1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801</b>
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**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0098094</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**U00000427788  
02/21/06-80016-020 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GREENE, DOUGLAS 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE, R J 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, THOMAS M 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO AKRIDGE, DAVID 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
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 attorney (like empowered).

**SIGNATURE:**  **David Akridge, Treas.** Date \_\_\_\_\_ Daytime Phone # **(603) 559-2100**