2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # F03000003725 1. Entity Name DAYTEL INNKEEPERS, INC.					04-01-2004 90022 039 ***150.00				
Principal Plac	e of Business	Mailing Address	L		1	vv	****	•	
1000 MARKET STREET, BLDG. 1, SUITE 300 1000 MARKET STREET, B PORTSMOUTH, MN 03801 PORTSMOUTH, MN 0380				TE 300	·				
Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)	
City & State City & State					4. FEI Numbe	·	0.0071	Ap	plied For
tocomosty NH Portomo			40 10t	<u> </u>	APPLIE	FOR 20-	00634	7 No	Applicable
Zip - 07555		27p	Country S		<u> </u>	of Status Desired	<u> </u>	8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent	Nam		7. Name and	Address of New	Registered A	gent	
C T CORP	PORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD				et Address (P.O. Box Number	r is Not Acceptat	ye)	~	—
PLANTATION, FL 33324									
			City				FL	Zip Code	,
B. The above	named entity submits this statement fo	the purpose of changing it	e recietored offic	e or register	red area) or bot	o in the State of F		Imiliae with	and accept
	tions of registered agent.	the bulbose of changing in	a registered only	a or redister	eo agent, or boo	I, III III O SIGLE OI (BEHNEL WHEEL	an accopt
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered agent of	and title if applicable. (HC)	TE: Registered Agent s	gnature required	t when reinstating)		DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con		\$5.	.00 May Be ed to Fees				
10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND I	DIRECTORS	3 IN 11
TMLE	PD POLICE AS	Delete	TITLE NAME					[2 Change	☐ Addition
NAME STREET ADDRESS				ss					1
City-ST-ZIP	PORTSMOUTH, MN 03801			Port	domo	NH 0.	3801		[
MITE	V	☐ Delete	me					Change	☐ Addition
Kame Street adoress	GREENE, R J	4 611775 200	NAME STREET LOOSE						-
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TITLE .	s	☐ Delete	TITLE	1	swoop44+	<u> </u>		Change	Addition
NAME	KEANE, THOMAS M		NAME					-	_
STREET ADDRESS CITY-ST-ZIP	1000 MARKET STREET, BLDG.	1, SUITE 300	STREET ADDRE	ا ا	x .		- ^ .		1
TITLE -	PORTSMOUTH, MN 03801	Delete	TITLE	1200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MH O		☐-Change	☐ Addition
KAME	AKRIDGE, DAVID	LJ UBBB	NAME	=					
STREET ADDRESS	1000 MARKET STREET, BLDG.	1, SUITE 300	STREET ADDRE	ss					
CITY-ST-ZP	PORTSMOUTH, MN 03801		CITY-ST-ZIP	1/04	<u>smooklo</u>	10/4 0	3861		
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STREET ADDRESS			STREET ADDRE	22					[
CITY-ST-ZIP	ļ		CITY-ST-ZIP						
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NAME STREET LOODS	,		NAME OTTOGRAPHOR	<u> </u>					1
STREET ADORESS CITY-ST-ZIP			STREET ADDRE	22]
	certify that the information supplied with	this filling does not qualify to		stated in Se	ction 119.07(3Yi), Florida Statutes	. I further certif	fy that the in	formation
indicated of the co changed	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empt, or on an attachment with an address,	true and accurate and that wered to execute this repor with all other like empowered	my signature shi t as required by d.	all have the Chapter 607	same legal effec 7, Florida Statute	as if made unde s; and that my na	r cath; that I am me appears in	n an officer Block 10 or	or director Block 11 il
SIGNAT	/2/5	Mary -	Daral	× (200	800	1/13/04	· lu	~3) <<<	1 ODIG-F