# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F03000003725

1. Entity Name
DAYTEL INNKEEPERS, INC.

Principal Place of Business
1000 MARKET STREET, BLDG. 1, SUITE 300
PORTSMOUTH, NH 03801

Mailing Address
1000 MARKET STREET, BLDG. 1, SUITE 300
PORTSMOUTH, NH 03801

01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0063451 — 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

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be $550.00**

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

U00000427781
02/21/06-80016-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | GREENE, DOUGLAS |
| STREET ADDRESS | 1000 MARKET STREET, BLDG. 1, SUITE 300 |
| CITY-ST-ZIP | PRTSMOUTH, NH 03801 |
| TITLE | V |
| NAME | GREENE, R J |
| STREET ADDRESS | 1000 MARKET STREET, BLDG. 1, SUITE 300 |
| CITY-ST-ZIP | PORTSMOUTH, NH 03801 |
| TITLE | S |
| NAME | KEANE, THOMAS M |
| STREET ADDRESS | 1000 MARKET STREET, BLDG. 1, SUITE 300 |
| CITY-ST-ZIP | PORTSMOUTH, NH 03801 |
| TITLE | TD |
| NAME | AKRIDGE, DAVID |
| STREET ADDRESS | 1000 MARKET STREET, BLDG. 1, SUITE 300 |
| CITY-ST-ZIP | PORTSMOUTH, NH 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 all other like empowered.

**SIGNATURE:** David Akridge (603)559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #