


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005820 1. Entity Name 4311 PARKSIDE INNKEEPERS, INC.	
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Principal Place of Business 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NH 03801	Mailing Address 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NH 03801
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0397628	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**

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**

**000000411843
02/10/06-80024-001 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD GREENE, DOUGLAS 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD AKRIDGE, DAVID 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KEANE, THOMAS M 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GREENE, R J 1000 MARKET STREET, BLDG. 1, STE. 300 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

David Akridge, V. Pres. 1/30/06 (603) 559-2108