

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 006 ***150.00

DOCUMENT # F04000000376

1. Entity Name
FT. MYERS INNKEEPERS, INC.



Principal Place of Business
1400 ESTEROW BLVD.
FT. MYERS BEACH, FL 33931

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

140006490



01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0579113

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME GREENE, DOUGLAS ☐ Delete
STREET ADDRESS 100 MARKET STREET, BLDG. 1, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE VD
NAME AKRIDGE, DAVID ☐ Delete
STREET ADDRESS 100 MARKET STREET, BLDG. 1, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE S
NAME KEANE, THOMAS M ☐ Delete
STREET ADDRESS 100 MARKET STREET, BLDG. 1, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE TD
NAME GREENE, R J ☐ Delete
STREET ADDRESS 100 MARKET STREET, BLDG. 1, SUITE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Douglas E. Greene

Douglas Greene

1/31/05

(603)559-2100