


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003144</b>	
1. Entity Name MCKIBBON HOTEL MANAGEMENT, INC.	

Principal Place of Business 402 WASHINGTON ST., SE, SUITE 200 GAINESVILLE, FL 30506	Mailing Address 402 WASHINGTON ST., SE, SUITE 200 GAINESVILLE, FL 30506
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02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2251064</b>	Applied For <input type="checkbox"/> 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
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCKIBBON, JOHN 201 E. KENNEDY BLVD., SUITE 705 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUGHS, DAVID 402 WASHINGTON ST., SE, SUITE 200 GAINESVILLE, FL 30506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERRING, VANN 201 E. KENNEDY BLVD., SUITE 705 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, DENNIS 402 WASHINGTON ST., SE, SUITE 200 GAINESVILLE, FL 30506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/05/06-80041-024 150.00

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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 its 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 # \_\_\_\_\_