

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004592

1. Entity Name
APPLE SIX HOSPITALITY MANAGEMENT, INC.



Principal Place of Business
**814 EAST MAIN STREET
RICHMOND, VA 23219**

Mailing Address
**814 EAST MAIN STREET
RICHMOND, VA 23219**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-0620564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KNIGHT, JUSTIN G	
STREET ADDRESS	814 EAST MAIN STREET	
CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MCKENNEY, DAVID S	
STREET ADDRESS	814 EAST MAIN STREET	
CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GATHRIGHT, KRISTIAN M	
STREET ADDRESS	814 EAST MAIN STREET	
CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BUCKLEY, DAVID P	
STREET ADDRESS	814 EAST MAIN STREET	
CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

U000000389323

01/20/06-80041-006 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Buckley
David Buckley

1/5/06

804-344-2125