## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F96000004821

1. Entity Name

NORTH MIAMI INNKEEPERS, INC.



Principal Place of Business

1000 MARKET STREET

BLDG 14

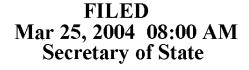
PORTSMOUTH, NH 03802-0477 US

Mailing Address

1000 MARKET STREET

BLDG 1

PORTSMOUTH, NH 03802-0477 US





01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0686309

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

				IIN	I IIIS SPACE	
	named entity submits this statement for the prions of registered agent.	urpose of changing its	registered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE Signature, typed or prouted name of registered agent and title if applicable. (NOTE Registered A				required when reinstating)	DATE	<u></u>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees		<u> </u>
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP GREENE, DOUG 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV AKRIDGE, DAVID 1000 MERKET STREET BLDG 1 PORTSMOUTH, NH 03801				000000095785 03/25/04~80002—020	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, THOMAS M 95 CT ST, PO BOX 477 PORTSMOUTH, NH 038020477			DO	NOT WRITE	···-
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	e di Minesser Attibibili (172).
TITLE NAME STREET ADDRESS CITY-ST-ZIP				——————————————————————————————————————	<u></u>	<ol> <li>अर्थे अस्तिक्षं प्रदेश स्टब्स्य प्रदेश</li> </ol>
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for	the exemption stated	d in Section 119,07(3)(	i), Florida Statutes, I further certify that the	e information

of the corporation or the receiver or trustee amovered 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.