


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # F96000005259 1. Entity Name JAMESON INNS, INC. | | | |  | |
| Principal Place of Business 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 30346-1603 | | | Mailing Address 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 30346-1603 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 58-2079583 | | | | 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 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCP KITCHIN, THOMAS W 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 303461603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HISRIC, ROBERT D 135 TEABERRY CIRCLE SOUTH RUSSELL, OH 440274190 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CURLEE, STEVEN A 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWRENCE, MICHAEL E 46 BAYNERD PARK RD. HILTON HEAD, SC 29928 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO KITCHIN, CRAIG R 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 303461603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WALKER, WILLIAM D 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 303461603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;"> U00000361165 05/05/05-80062-006 350.00 </div> | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |