

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91240 035 \*\*\*150.00

DOCUMENT # F98000001117

1. Entity Name  
 TALLAHASSEE CABOT LODGE, INC.



Principal Place of Business  
 1000 RED FERN PLACE  
 FLOWOOD, MS 39232

Mailing Address  
 PO BOX 16807  
 JACKSON, MS 39236-6807

24067216



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 320009  
 Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State

City & State  
 Flowood, ms

4. FEI Number  
 64-0890966

Applied For  
 Not Applicable

Zip Country

Zip Country  
 39232

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NORRIS, JOHN E ESQ  
 201 N. MARION ST, SUITE 301  
 LAKE CITY, FL 32055

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD <input type="checkbox"/> Delete
NAME	JONES, EARLE F
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	VSD <input type="checkbox"/> Delete
NAME	STURDIVANT, GAINES P
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	VT <input type="checkbox"/> Delete
NAME	STURDIVANT, MIKE P
STREET ADDRESS	DUE WEST RD
CITY-ST-ZIP	GLENDORA, MS 38928
TITLE	VT <input type="checkbox"/> Delete
NAME	HART, MICHAEL J
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael J Hart IP 4/28/04 601-936-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #