


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001117
1. Entity Name
TALLAHASSEE CABOT LODGE, INC.



Principal Place of Business Mailing Address
1000 RED FERN PLACE PO BOX 320009
FLOWOOD, MS 39232 FLOWOOD, MS 39232



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
64-0890966 Not Applicable

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

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, EARLE F
STREET ADDRESS	1000 RED FERN PLACE
CITY - ST - ZIP	FLOWOOD, MS 39232
TITLE	VSD
NAME	STURDIVANT, GAINES P
STREET ADDRESS	1000 RED FERN PLACE
CITY - ST - ZIP	FLOWOOD, MS 39232
TITLE	VT
NAME	STURDIVANT, MIKE P
STREET ADDRESS	DUE WEST RD
CITY - ST - ZIP	GLENDORA, MS 38928
TITLE	VT
NAME	HART, MICHAEL J
STREET ADDRESS	1000 RED FERN PLACE
CITY - ST - ZIP	FLOWOOD, MS 39232
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/05-80015-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael J Hart Date: 4/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #