


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000001117</b> 1. Entity Name TALLAHASSEE CABOT LODGE, INC.		
Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232	Mailing Address PO BOX 320009 FLOWOOD, MS 39232	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  NORRIS, JOHN E ESQ 201 N. MARION ST, SUITE 301 LAKE CITY, FL 32055		<b>DO NOT WRITE IN THIS SPACE</b>
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>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JONES, EARLE F 1000 RED FERN PLACE FLOWOOD, MS 39232	<b>DO NOT WRITE IN THIS SPACE</b>  U00000558475 05/17/06-80094-021 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD STURDIVANT, GAINES P 1000 RED FERN PLACE FLOWOOD, MS 39232	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT STURDIVANT, MIKE P DUE WEST RD GLENDDORA, MS 38928	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT HART, MICHAEL J 1000 RED FERN PLACE FLOWOOD, MS 39232	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u>Michael J Hart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/21/06 601-936-3666 <small>Date Daytime Phone #</small>