

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # F98000001117<br>1. Entity Name<br>TALLAHASSEE CABOT LODGE, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1000 RED FERN PLACE<br>FLOWOOD, MS 39232 | Mailing Address<br>PO BOX 320009<br>FLOWOOD, MS 39232 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>64-0890966                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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

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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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JONES, EARLE F<br>1000 RED FERN PLACE<br>FLOWOOD, MS 39232        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>STURDIVANT, GAINES P<br>1000 RED FERN PLACE<br>FLOWOOD, MS 39232 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>STURDIVANT, MIKE P<br>DUE WEST RD<br>GLENDDORA, MS 38928          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>HART, MICHAEL J<br>1000 RED FERN PLACE<br>FLOWOOD, MS 39232       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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U00000739189  
 05/14/07-80016-012 50.00

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: Michael J. Hart Michael J. Hart 4/20/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #