

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001117

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: TALLAHASSEE CABOT LODGE, INC.

**Current Principal Place of Business:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 320009  
FLOWOOD, MS 39232

**New Mailing Address:**

FEI Number: 64-0890966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, EARLE F  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232

Title: VSD ( ) Delete  
Name: STURDIVANT, GAINES P  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232

Title: VT ( ) Delete  
Name: STURDIVANT, MIKE P  
Address: DUE WEST RD  
City-St-Zip: GLENDORA, MS 38928

Title: VT ( ) Delete  
Name: HART, MICHAEL J  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. HART

VT

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date