

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F98000001118 1. Entity Name GAINESVILLE CABOT LODGE, INC.	
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Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39208	Mailing Address PO BOX 320009 FLOWOOD, MS 39232
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 64-0891009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, EARLE F 1000 RED FERN PLACE FLOWOOD, MS 39232
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 HART, MICHAEL J 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURDIVANT, MIKE P DUE WEST RD GLEN DORA, MS 38928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000737166
 05/11/07-80015-021 150.00

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 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #