

**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.



Principal Place of Business

1000 RED FERN PLACE
FLOWOOD, MS 39208

Mailing Address

PO BOX 320009
FLOWOOD, MS 39232



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0891009

Applied For

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 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 HART, MICHAEL J
STREET ADDRESS 1000 RED FERN PLACE
CITY-ST-ZIP FLOWOOD, MS 39232

TITLE D
NAME STURDIVANT, MIKE P
STREET ADDRESS DUE WEST RD
CITY-ST-ZIP GLENDORA, MS 38928

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #