2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-01-2005 90013 049 ***150.00

DOCUMENT # F98089

1. Entity Name
IMMOKALEE INN, INC.

Principal Place of Business	Mailing Address
621 N 15TH STREET IMMOKALEE, FL 34142 US	801 WINDERMERE BLVD. %RICK A. SUGGS INVERNESS, FL 34453 US

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
221 W. MAIN STREET		221 W. MAIN STREET	
Suite, Apt. #, etc.: SUITE C		Suite, Apt. #, etc.: SUITE C	
City & State: INVERNESS FL		City & State: INVERNESS FL	
Zip: 34450	Country: USA	Zip: 34450	Country: USA

4. FEI Number: 59-2241525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUGGS, RICK A.
801 WINDERMERE BLVD.
INVERNESS, FL 34453

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 221 W. MAIN STREET - SUITE C
City: FL Zip Code: 34450

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 ______________________

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, MARK 1205 LEE STREET IMMOKALEE, FL 34142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 7150 TRAFFORD OAKS	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUGGS, RICK 502 TURNER CAMP ROAD INVERNESS, FL 34450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________ 03/22/05 352-726-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
RICK A. SUGGS