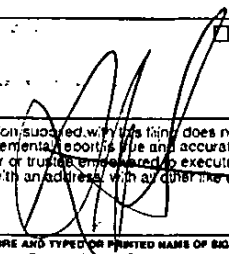


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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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 621 N 15TH STREET IMMOKALEE, FL 34142 US		Mailing Address 801 WINDERMERE BLVD. %RICK A. SUGGS INVERNESS, FL 34453 US	
2. Principal Place of Business 221 W. MAIN STREET SUITE C INVERNESS FL 34450		3. Mailing Address 221 W. MAIN STREET SUITE C INVERNESS FL 34450	
4. FCI 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 221 W. MAIN STREET - SUITE C INVERNESS FL 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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7150 TRAFFORD OAKS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUGGS, RICK 502 TURNER CAMP ROAD INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 information covered.			
SIGNATURE: 		03/22/05 352-726-7494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICK A. SUGGS		DATE	