

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01043

Entity Name: FLY N INN, INC.

FILED  
Mar 27, 2008  
Secretary of State

**Current Principal Place of Business:**

45 NORTH INGLIS AVENUE  
INGLIS, FL 34449 US

**New Principal Place of Business:**

**Current Mailing Address:**

45 NORTH INGLIS AVE  
INGLIS, FL 34469

**New Mailing Address:**

FEI Number: 59-1608509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OGEN, DANIEL M  
8556 N. ELMTREE AVE.  
CRYSTAL RIVER, FL 34428 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: OGEN, DANIEL  
Address: 8556 N ELMTREE AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: DST ( ) Delete  
Name: OGEN, NANCY M  
Address: 376 S INGLIS AVE BOX 92  
City-St-Zip: INGLIS, FL

Title: D ( ) Delete  
Name: MCCOWN, LELAND G  
Address: 376 S INGLIS AVE BOX 92  
City-St-Zip: INGLIS, FL

**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:

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: DANIEL M. OGEN

PD

03/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date