

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G01043

Entity Name: FLY N INN, INC.

**FILED**  
**Mar 24, 2011**  
**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 AVENUE  
INGLIS, FL 34449 US

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OGEN, DANIEL  
Address: 8556 N ELMTREE AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 34428

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANIEL M. OGEN

PRES

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date