2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23215

Entity Name: LAKE CITY AMERICAN INN, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
209 SE ST JOHNS STREET LAKE CITY, FL 32025 US	352 NW SCENIC LAKE DRIVE LAKE CITY, FL 32055 US

Current Mailing Address:	**New Mailing Address:**
PO BOX 2817 LAKE CITY, FL 32056	

FEI Number: 59-2700120   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
OWENS, DEBORH S 352 NW SCENIC LAKE DR LAKE CITY, FL 32055 US	OWENS, DEBORAH S 352 NW SCENIC LAKE DR LAKE CITY, FL 32055 US

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: DEBORAH S OWENS _____   01/07/2009 _____

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: PD ( ) Delete Name: OWENS, DEBORAH S Address: 352 NW SCENIC LAKE DR City-St-Zip: LAKE CITY, FL 32055	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: SD ( ) Delete Name: RIVERS, JANET Address: PO BOX 3353 City-St-Zip: LAKE CITY, FL 32056	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: DEBORAH S OWENS _____   PRES   01/07/2009 _____

Electronic Signature of Signing Officer or Director   Date