

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K96035

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** TWIN ACTION HOTELS, INC.

**Current Principal Place of Business:**

1653 RAYMOND DIEHL RD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

3273 N SHANNON LAKES DR  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 59-2978851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOBBS, ROGER D  
3273 N SHANNON LAKES DR  
TALLAHASSEE, FL 32309 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:** PTD  
**Name:** HOBBS, ROGER D  
**Address:** 3273 N SHANNON LAKE DR  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** VD  
**Name:** HOBBS, RONALD H  
**Address:** 8940 WINGED FOOT DR  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** SD  
**Name:** HOBBS, CAROLYN F  
**Address:** 8940 WINGED FOOT DR  
**City-St-Zip:** TALLAHASSEE, FL 32312

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:** ROGER D. HOBBS

PTD

02/04/2011

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

\_\_\_\_\_  
Date