


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 032 ***150.00

DOCUMENT # M65673			
1. Entity Name INN RESORTS, INC.			
Principal Place of Business 1900 SW 126 AVE MIRAMAR, FL 33027 US		Mailing Address 5928 SAND WEDGE LANE #1808 NAPLES, FL 34110 US	
2. Principal Place of Business <i>5928 SAND WEDGE LANE</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>#1808</i>		Suite, Apt. #, etc.	
City & State <i>NAPLES, FL</i>		City & State	
Zip <i>34110</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 65-0049130		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REESE II, SEBERT E 1900 SW 126 AVE SUITE 508 MIRAMAR, FL 33027		Name <i>SEBERT E. REESE II</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>3046 MORNING GLORY DRIVE</i>	
		City <i>LAKE PLACID, FL</i> Zip Code <i>33852</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, JAMES S.	NAME	
STREET ADDRESS	5928 SAND WEDGE LANE #1808	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 like empowered.			
SIGNATURE: <i>JAMES S. BRUCE</i>		Date: <i>4/15/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>239-598-4026</i>	