


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90015 044 ***150.00

DOCUMENT # M95444 1. Entity Name FLORIDA INNS, INC.					
Principal Place of Business 124 E. PALM DRIVE FLORIDA CITY, FL 33034			Mailing Address 11101 SOUTH CROWN WAY SUITE #1 WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address 3280 FAIRLANE FARMS ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WELLINGTON FLORIDA			
Zip	Country	Zip 33414	Country	4. FEI Number 65-0071990	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEEMON, LINDA L. 1101 S. CROWN WAY SUITE #1 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: Linda L. Leemon Street Address (P.O. Box Number is Not Acceptable): 3280 FAIRLANE FARMS ROAD City: WELLINGTON FL Zip Code: 33414		
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: <u>Linda L. Leemon</u> <u>Linda L. Leemon, Dec.</u> <u>2/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DSTV LEEMON, LINDA L. 15850 BRITTEN LANE WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEEMON, CHARLES L. III 15850 BRITTEN LANE WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEMON, EDWARD C. 15850 BRITTEN LANE WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Linda L. Leemon</u> <u>Linda L. Leemon</u>			<u>2/15/06</u> <u>561-753-9999</u> <small>Date Daytime Phone #</small>		