

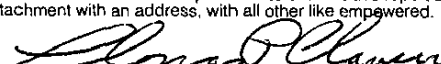


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90022 011 \*\*\*\*61.25

<b>DOCUMENT # N27559</b> 1. Entity Name <b>INN ROUTE, INC.</b>					
Principal Place of Business <b>811 ZEPHYR STREET</b> <b>INVERNESS, FL 34450 US</b>				Mailing Address <b>811 ZEPHYR STREET</b> <b>INVERNESS, FL 34450 US</b>	
2. Principal Place of Business <b>375 W. KICKLIGHTER RD</b>		3. Mailing Address <b>375 W. KICKLIGHTER RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE HELEN FL</b>		City & State <b>LAKE HELEN FL</b>		4. FEI Number <b>65-0145795</b>	
Zip <b>32744</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANN WIGMORE, MARY</b> <b>811 ZEPHYR STREET</b> <b>INVERNESS, FL 34450</b>				7. Name and Address of New Registered Agent Name <b>THOMAS P. CLAUSER</b> Street Address (P.O. Box Number is Not Acceptable) <b>375 W. KICKLIGHTER ROAD</b> City <b>LAKE HELEN, FL</b> Zip Code <b>32744</b>	
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  <b>TREASURER</b> <span style="float: right;">2/28/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANN WIGMORE, MARY <input checked="" type="checkbox"/> Delete 811 ZEPHYR STREET INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS P. CLAUSER 375 W. KICKLIGHTER ROAD LAKE HELEN, FL 32744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOWLER, DEAN <input checked="" type="checkbox"/> Delete P.O. BOX 789 STEINHATCHEE, FL 32359		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TOM BISHOP 28 SOUTH 7TH STREET AMELIA ISLAND, FL 32634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REGISTER, PAULA <input type="checkbox"/> Delete P.O. BOX 1209 STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCORMICK, CHUCK <input checked="" type="checkbox"/> Delete 519 HARBOR DR VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIN ALLEN 128 NORTH LAKESIDE DRIVE LAKE WORTH, FL 33460	
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 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 617, 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:  <b>TREASURER</b>			<b>THOMAS P. CLAUSER</b> <b>TREASURER</b> <span style="float: right;">2/28/04 386-717-5675</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		