

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27559

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: INN ROUTE, INC.

## Current Principal Place of Business:

375 W. KICKLIGHTER RD  
LAKE HELEN, FL 32744 US

## New Principal Place of Business:

851 LAKE AVENUE  
MAITLAND, FL 32751 US

## Current Mailing Address:

375 W. KICKLIGHTER RD  
LAKE HELEN, FL 32744 US

## New Mailing Address:

851 LAKE AVENUE  
MAITLAND, FL 32751 US

FEI Number: 65-0145795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAUSER, THOMAS O  
375 W. KICKLIGHTER ROAD  
LAKE HELEN, FL 32744 US

## Name and Address of New Registered Agent:

BALLARD, JOSEPH A  
851 LAKE AVENUE  
MAITLAND, FL 32751 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: JOSEPH A. BALLARD

04/24/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: CLAUSER, THOMAS P  
Address: 375 W. KICKLIGHTER ROAD  
City-St-Zip: LAKE HELEN, FL 32744

Title: DP ( ) Delete  
Name: BISHOP, TOM  
Address: 28 SOTU H 7TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DS ( ) Delete  
Name: REGISTER, PAULA  
Address: P.O. BOX 1209  
City-St-Zip: STARKE, FL 32091

Title: DVP ( ) Delete  
Name: ALLEN, ERIN  
Address: 128 NORTH LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: BALLARD, JOSEPH A  
Address: 851 LAKE AVENUE  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: BALLARD, CAROLE  
Address: 851 LAKE AVENUE  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. BALLARD

DT

04/24/2005

Electronic Signature of Signing Officer or Director

Date