

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27559

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: INN ROUTE, INC.

## Current Principal Place of Business:

FBBI  
106 S 4TH AVE  
WAUCHULA, FL 33873 US

## New Principal Place of Business:

## Current Mailing Address:

FBBI  
106 S 4TH AVE  
WAUCHULA, FL 33873 US

## New Mailing Address:

FEI Number: 65-0145795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HURLEY, KATHLEEN  
20 CORDOVA ST  
ST AUGUSTINE, FL 32084 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: DP ( ) Delete  
Name: DETWILER, PATRICIA  
Address: 106 SOUTH 4TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: DV ( ) Delete  
Name: MASSEE, KARRIE  
Address: 2143 ASTOR ST  
City-St-Zip: ORANGE PARK, FL 32073

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

Title: DT ( ) Delete  
Name: HADLEY, VICKI  
Address: 621 GULFSTREAM AVENUE SOUTH  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: MARTIN, MIA  
Address: 79 CEDAR STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: MCCUTCHEON, BYRON  
Address: 103 SOUTH NINTH STREET  
City-St-Zip: AMELIA ISLAND, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: REGISTER, PAULA  
Address: P.O. BOX 1209  
City-St-Zip: STARKE, FL 32091

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

Title: DT (X) Change ( ) Addition  
Name: HENSHAW, DENISE  
Address: 3800 CHALET SUZANNE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA DETWILER

DP

01/16/2009

Electronic Signature of Signing Officer or Director

Date