

ANNUAL REPORT (AR)

DOCUMENT # P00000024308

1. Entity Name

WITHLACOOCHEE MOTEL, INC.



FILED
Feb 04, 2005 08:00 AM
Secretary of State

Principal Place of Business

P. O. BOX 145
66 HWY 19
INGLIS FL 34449

Mailing Address

P. O. BOX 145
66 HWY 19
INGLIS FL 34449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3637506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNSEND, CYNTHIA
9823 W. SEVEN RIVERS FARM ST.
CRYSTAL RIVER FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME TOWNSEND, CYNTHIA
STREET ADDRESS 9823 W. SEVEN RIVERS FARM ST.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1100000215028
CITY-ST-ZIP 02/04/05-80034-024 150.00

TITLE S ☐ Delete
NAME FARNAN, JOAN D
STREET ADDRESS P.O. BOX 145, 66 HWY 19
CITY-ST-ZIP INGLIS FL 34449

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joan D. Farnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/25 *352-447-2211*
Date Daytime Phone