2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000060035 1. Entity Name ROADSIDE INN, INC.



Principal Place of Business 525 W 2ND AVENUE WINDERMERE, FL 34786 Mailing Address 525 W 2ND AVENUE WINDERMERE, FL 34786

FILED Apr 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04132004	No Chg-P	CR2E034 (10/0

4. FEI Number		Applied For
59-3655235		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR. 118 E. JEFFERSON STREET ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

			iit iiile ei Ae		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	1 Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000130003 04/26/04-80102-001 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TEBBE, HELEN M 525 W 2ND AVENUE WINDERMERE, FL 34786				- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the correctanged,	perify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signated to execute this report as required to other like empowered.	nption state ure shall har ed by Chap	d in Section 119.07(3) we the same legal effecter 607, Florida Statute	(i), Florida Statutes, I further certify that the information of as if made under oath, that I am an officer or director as, and that my name appears in Block 10 or Block 11 if

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR