


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000075866 1. Entity Name LOUIE'S LODGE, INC.		
Principal Place of Business 4406 NW 166 AVE GAINESVILLE, FL 32653	Mailing Address 4406 NW 166 AVE GAINESVILLE, FL 32653	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CROUCH, T ALLEN 113 NE 16 AVE GAINESVILLE, FL 32601		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee U000000513228^M 06-80119-025 150.00^M
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATCH, CHERYL S 6678 CR 214 KEYSTONE HEIGHTS, FL 32656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, THOMAS M 9320 SW 1 PLACE GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGETT, CANDACE J 4406 NW 166 AVE GAINESVILLE, FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Candace J. Leggett</u> CANDACE J. LEGGETT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/12/06</u> (352)392-9537x1425 <small>Date Daytime Phone #</small>