

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 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



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3703291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATCH, CHERYL S
STREET ADDRESS	6678 CR 214
CITY- ST- ZIP	KEYSTONE HEIGHTS, FL 32656

TITLE	D
NAME	CONNOR, THOMAS M
STREET ADDRESS	9320 SW 1 PLACE
CITY- ST- ZIP	GAINESVILLE, FL 32607

TITLE	D
NAME	LEGGETT, CANDACE J
STREET ADDRESS	4406 NW 166 AVE
CITY- ST- ZIP	GAINESVILLE, FL 32653

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/15/08-80047-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Candace J. Leggett Candace J. Leggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2008
Date

352-392-0926
Daytime Phone #