2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085444

1. Entity Name
STEINMETZ INNS & SUITES, INC.

Principal Place of Business	Mailing Address
108 S OLD DIXIE HWY LADY LAKE, FL 32159	108 S OLD DIXIE HWY LADY LAKE, FL 32159

DO NOT WRITE IN THIS SPACE

03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3691257
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEINMETZ, NANCY P
108 S OLD DIXIE HWY
LADY LAKE, FL 32159

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000463312
03/21/06-80070-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEINMETZ, NANCY
STREET ADDRESS	108 S OLD DIXIE HWY
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	V
NAME	STEINMETZ, NEIL J
STREET ADDRESS	108 S OLD DIXIE HWY
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	V
NAME	STEINMETZ, STEPHEN A
STREET ADDRESS	108 S OLD DIXIE HWY
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	T
NAME	O'BRIEN, SUSAN
STREET ADDRESS	108 S. OLD DIXIE HWY
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	S
NAME	RODRIGUEZ, SHEILA J
STREET ADDRESS	108 S. OLD DIXIE HWY
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nancy P Steinmetz 3-9-06 352-753-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #