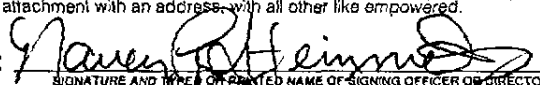


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000085444			
1. Entity Name STEINMETZ INNS & SUITES, INC.			
Principal Place of Business 108 S OLD DIXIE HWY LADY LAKE, FL 32159		Mailing Address 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		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000463312 03/21/06-80070-020 150.00	
TITLE	PD	DO NOT WRITE IN THIS SPACE	
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			
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: 		3-9-06 352-753-9009	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	