

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 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

P.O. BOX 217
LADY LAKE, FL 32158



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000854256
04/24/08-80020-022 150.00

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Date

352-753-9609

Daytime Phone #