2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# P02000033925

Entity Name: CAMPUS LODGE OF NORMAN, INC.

Current Principal Place of Business:

4422 SOUTHWEST 85TH WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4422 SOUTHWEST 85TH WAY
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 04-3629720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORT, DAVID H
4422 S.W. 85TH WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FORT, DAVID
Address: 4422 SOUTHWEST 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: STD ( ) Delete
Name: FORT, CLAUDIA
Address: 4422 SOUTHWEST 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA A. FORT STD 01/19/2004

Electronic Signature of Signing Officer or Director Date