

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90048 038 ***158.75

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1. Entity Name

AIRPORT INN, INC.



Principal Place of Business

10770 US HIGHWAY 19 APT 201
PINELLAS PARK FL 33782

Mailing Address

10770 US HIGHWAY 19 APT 201
PINELLAS PARK FL 33782

2. Principal Place of Business

8440 No. Tamiami Trail

3. Mailing Address

10770-45 HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

SARASOTA FL

City & State

PINELLAS PARK FL

4. FEI Number

20-0481884

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESTON, BETTY M
10770 US HIGHWAY 19 APT 201
PINELLAS PARK FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PRESTON, WALTER
STREET ADDRESS 10770 US HIGHWAY 19 APT 201
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRESTON, BETTY M
STREET ADDRESS 10770 US HIGHWAY 19 APT 201
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAMBERT, JERRY
STREET ADDRESS 10770 US HIGHWAY 19 APT 201
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAMBERT, RICK
STREET ADDRESS 10770 US HIGHWAY 19 APT 201
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Betty Preston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

727-544-8300

Date

Daytime Phone #