2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151234

Entity Name: AIRPORT INN, INC.

Address:

City-St-Zip:

PINELLAS PARK, FL 33782

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8440 NORTH TAMIAMI TRAIL SARASOTA, FL 34243 **Current Mailing Address: New Mailing Address:** 10770 US HIGHWAY 19 APT 201 PINELLAS PARK, FL 33782 FEI Number: 20-0481884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRESTON, BETTY M 10770 US HIGHWAY 19 APT 201 PINELLAS PARK, FL 33782 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PRESTON, WALTER Name: Name: 10770 US HIGHWAY 19 APT 201 Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PRESTON, BETTY M Name: 10770 US HIGHWAY 19 APT 201 Address: Address: PINELLAS PARK, FL 33782 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition LAMBERT, JERRY Name: Name: 10770 US HIGHWAY 19 APT 201 Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: () Delete Title: () Change () Addition LAMBERT, RICK Name: Name: 10770 US HIGHWAY 19 APT 201

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.

Address:

City-St-Zip:

SIGNATURE: BETTY PRESTON 01/07/2005 D