

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
4 Apr 27, 2005 8:00 am
Secretary of State

04-08-2005 90026 032 ***150.00

DOCUMENT # P04000166655
 1. Entity Name
RED ROOF INN OF PALM HARBOR, INC.



Principal Place of Business Mailing Address
 32000 U.S. 19 NORTH 12237 CLUBHOUSE DRIVE
 PALM HARBOR, FL 34684 BRADENTON, FL 34202

66013415



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03142005 Chg-P CR2E034 (10/03)

4. FEI Number [Applied For] / [Not Applicable]
20-1990991

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOIGT & VOIGT-PA
2042 BEE RIDGE ROAD
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

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 fee if applicable (NOTE: Registered Agent signature is not required when remaining) DATE

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	TITLE	
NAME	DESAI, DEVEN J	NAME	
STREET ADDRESS	12237 CLUBHOUSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Deven J Desai* **4/1/05** **941 962 9421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #