

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032232

Entity Name: ALHAMBRA INN, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2700 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

6301 GREEN BAY ROAD
KENOSHA, WI 53142 US

New Mailing Address:

FEI Number: 20-2429088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, MARK
2700 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

WHITE, NARDIA
2700 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

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: NARDIA WHITE

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: GODIN, PHILLIP R
Address: 6301 GREEN BAY ROAD
City-St-Zip: KENOSHA, WI 53142 US

Title: VP, () Delete
Name: HUJIK, MARC
Address: 708-57TH STREET
City-St-Zip: KENOSHA, WI 53140 US

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 exemption stated 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 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: PHILLIP GODIN

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date