
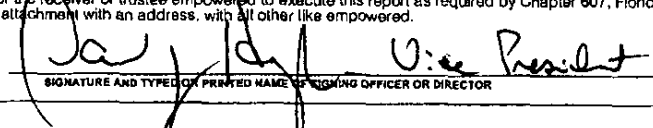


**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 OCT 2007 PH 3:00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P06000157225					
1. Entity Name MCKIBBON HOTEL MANAGEMENT, INC.					
Principal Place of Business 201 E. KENNEDY BLVD., SUITE 705 TAMPA, FL 33602			Mailing Address 201 E. KENNEDY BLVD., SUITE 705 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2251064	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
SUTTON, KEVIN H 101 E. KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR Is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKIBBON, JOHN B III		NAME		
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 705		STREET ADDRESS	100112030301	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	11/06/07--01016--007 **\$1.25	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHS, DAVID		NAME		
STREET ADDRESS	402 WASHINGTON STREET, S.E., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, GA 30506		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRING, VANN		NAME		
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 705		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKIBBON, JACK JR.		NAME		
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 705		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, RICHARD M		NAME		
STREET ADDRESS	402 WASHINGTON STREET, S.E., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, GA 30506		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, WOODROW		NAME		
STREET ADDRESS	402 WASHINGTON STREET, S.E., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, GA 30506		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Vice President		10/22/07 772-534-3301	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	