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# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P12605**  
 1. Entity Name  
**SERVICE PROPERTIES 2000, INC.**



Principal Place of Business  
 3930 FULTON DRIVE, N.W.  
 CANTON, OH 44718

Mailing Address  
 3930 FULTON DRIVE, N.W.  
 CANTON, OH 44718

**DO NOT WRITE IN THIS SPACE**

FILED  
 08 MAY -1 PM 2: 11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 34-1453083

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARRISH, JON D  
 PARRISH & MOORE PA  
 2171 PINE RIDGE RD  
 NAPLES, FL 34109

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP THOMAS, GREGORY 3930 FULTON DRIVE NW CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOSEPH 3930 FULTON DR., NW CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, DAVID 3930 FULTON DRIVE NW CANTON, OH
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*MS/5*  
 700129462357  
 05/14/08--01024--023 \*\*288.75

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/08 Daytime Phone #: 330-492-8400