


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P28737 1. Entity Name STURJON HOTELS, INC. |  |
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| Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232 US | Mailing Address PO BOX 320009 FLOWOOD, MS 39232 US |
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04192005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 64-0814279 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent NORRIS, JOHN E. 201 N. MARION ST. STE. 301 LAKE CITY, FL 32055 |
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| 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 reappointing)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, EARLE F. 1000 RED FERN PLACE FLOWOOD, MS 39232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD STURDIVANT, GAINES P. 1000 RED FERN PLACE FLOWOOD, MS 39232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC STURDIVANT, MIKE P. 1000 RED FERN PLACE FLOWOOD, MS 39232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HART, MICHAEL J. 1000 RED FERN PLACE FLOWOOD, MS 39232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>UP00000341403 04/29/05-80015-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Michael J Hart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>4/20/05</u> <small>Daytime Phone #</small> |