

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90005 001 ***150.00

DOCUMENT # P36433

1. Entity Name
AMERICAN LODGING CORPORATION



Principal Place of Business
**P.O. BOX 64
ST CHARLES, IL 60174**

Mailing Address
**P.O. BOX 64
ST CHARLES, IL 60174**

44009711



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-2736689

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CRAWFORD, J. STEPHEN
28000 SPANISH WELLS BLVD
BONITA SPRINGS, FL 34135**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCARDLE, EDWARD J.
STREET ADDRESS	5101 CAROLINE
CITY-STATE-ZIP	HOUSTON, TX
TITLE	PD
NAME	MCARDLE, DAVID A.
STREET ADDRESS	4051 E. MAIN STREET
CITY-STATE-ZIP	ST. CHARLES, IL
TITLE	DS
NAME	KELLY, THOMAS J.
STREET ADDRESS	1600 E MAIN ST
CITY-STATE-ZIP	SAINT CHARLES, IL 60174
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas J. Kelly
THOMAS J. KELLY
SECRETARY

1/6/04