## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2007 08:00 AM Secretary of State

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1. Entity Name INNISFREE HOTELS, INC.



Principal Place of Business

Mailing Address

113 BAYBRIDGE PARK GULF BREEZE, FL 32561 113 BAYBRIDGE PARK GULF BREEZE, FL 32561



## DO NOT WRITE IN THIS SPACE

04162007	No Chg-P	CR2E034 (1	•
4. FEI Number			Applied For

63-0970679

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

	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, an the obligations of registered agent.	d accept				
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, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS					
TITLE         PVS           NAME         MACQUEEN, JULIAN B           STREET ADDRESS         113 BAYBRIDGE PARK           CITY-ST-ZIP         GULF BREEZE, FL 32561           TITLE         TD           NAME         MACQUEEN, JULIAN B           U00000727861           05/04/07-80065-009	150 00				
STREET ADDRESS 113 BAYBRIDGE PARK  CITY-SI-ZIP GULF BREEZE, FL 32561	100.00				
TITLE NAME STREET ADDRESS CITY-S1-ZIP DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					

12. I hereby certify that the information supplied with his filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, i further certify that the information indicated on this report or supplimental report is the 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 among very accurate 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 proper like empowered.

SIGNATURE:

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS

RE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/16/07 850-934-3609

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