

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

04 MAY 17 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022412

1. Entity Name

THE HADDON HOUSE INN, INC.



Principal Place of Business

14 IDLEWILD ST.  
CLEARWATER BEACH, FL 34630

Mailing Address

14 IDLEWILD ST.  
CLEARWATER BEACH, FL 34630



03082003

No Chg-P

CR2E034 (10/03)

*MRS*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3240851

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STORR, GLENN  
14 IDLEWILD ST.  
CLEARWATER BEACH, FL 34630

**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

600037343516

05/26/04--01050--020 \*\*\$50.00

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME STORR, GLENN  
STREET ADDRESS 14 IDLEWILD ST.  
CITY-ST-ZIP CLEARWATER BEACH, FL 34630

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

600037343516

05/26/04--01050--021 \*\*\$8.75

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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

727-461-2914

Daytime Phone #