

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009049

Entity Name: CEM INN CORPORATION

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

2958 KENILWICK DRIVE NORTH  
CLEARWATER, FL 34621

## New Principal Place of Business:

2958 KENILWICK DRIVE NORTH  
CLEARWATER, FL 34621

## Current Mailing Address:

2958 KENILWICK DRIVE NORTH  
CLEARWATER, FL 34621

## New Mailing Address:

2958 KENILWICK DRIVE NORTH  
CLEARWATER, FL 34621

FEI Number: 59-3291294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTELLI, ELISA  
2958 KENILWICK DRIVE NORTH  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: CASTELLI, DAVID A  
Address: 2958 KENILWICK DRIVE NORTH  
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete  
Name: CASTELLI, ELISA  
Address: 2958 KENILWICK DRIVE NORTH  
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete  
Name: EGERTER, AMY M  
Address: 2958 KENILWICK DRIVE NORTH  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: MENNA, MARIAN L  
Address: 2958 KENILWICK DRIVE  
City-St-Zip: CLEARWATER, FL 33761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MENNA-EGERTER, AMY M  
Address: 2958 KENILWICK DRIVE NORTH  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISA CASTELLI

S

03/30/2009

Electronic Signature of Signing Officer or Director

Date