2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000046201

1. Entity Name HOSPITALITY INNS OF MILTON, INC.

FILED Apr 20, 2006 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6436 HWY. 90 WEST MILTON, FL 32583

7512 LAKESIDE DRIVE MILTON, FL 32583



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

CR2E034 (11/05) 04132006 No Chg-P Applied For 4. FEI Number

59-3319746

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KAUFMANN, SCOTT M 7512 LAKESIDE DRIVE MILTON, FL 32583

SIGNATURE:

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, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000519813 05/02/06-80070-002	150.00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMANN, SCOTT M 7512 LAKESIDE DRIVE MILTON, FL 32583					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE Name Street address City-St-Zip				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
HITLE NAME STREET ADDRESS CITY-ST-ZP	Λ	7				
12. I hereby certify that the information suspiled with this filled does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of supplemental leport 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. This provides the empowered.						

TED NAME OF SIGNING OFFICER OR DIRECTOR