2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State
07-12-2004 90021 004 ***550.00

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1. Entity Name
CAPITAL CITY HOTELS, INC.

66431847

Principal Place of Business	Mailing Address
3333 THOMASVILLE RD TALLAHASSEE, FL 32308 US	P O BOX 290 THOMASVILLE, GA 31799

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2254022
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERRIN, THOMAS B
6120 PICKWICK RD
TALLAHASSEE, FL 32308

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 $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	SCOTT, COCHRAN A JR
STREET ADDRESS	330 N BROAD ST SUITE G
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	MOORE, RANDALL
STREET ADDRESS	2013 MARTY DR
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	PERRIN, THOMAS E
STREET ADDRESS	551 HIGH OAKS CT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	PERRIN, THOMAS B
STREET ADDRESS	6120 PICKWICK RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	MITCHELL, EDDIE
STREET ADDRESS	3536 N MERIDIAN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Date Daytime Phone #