

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 025 ***150.00

DOCUMENT # P98000038422

1. Entity Name

RUNNING DEER LODGE, INC



Principal Place of Business

11043 S. RUNNING DEER POINT
INVERNESS FL 34452

Mailing Address

11043 S. RUNNING DEER POINT
INVERNESS FL 34452



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3510250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, SUSANNE

~~3405 E. STAGECOACH TRAIL~~
INVERNESS FL 34452

11043 S. RUNNING DEER POINT

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 submitting.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS	☐ Delete
NAME	HILL, SUSANNE	
STREET ADDRESS	3405 E. STAGECOACH TRAIL	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VPS	☐ Delete
NAME	HILL, SUSANNE	
STREET ADDRESS	3405 E. STAGECOACH TRAIL	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Susanne Hill

SUSANNE HILL

3/8/08

352
860.1791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #