

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091720

Entity Name: IH TAMPA PALMS, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

6322 GUNN HWY
TAMPA, FL 33625

New Principal Place of Business:

6522 GUNN HWY
TAMPA, FL 33625

Current Mailing Address:

6322 GUNN HWY
TAMPA, FL 33625

New Mailing Address:

6522 GUNN HWY
TAMPA, FL 33625

FEI Number: 59-3542765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINT, SARA K
6522 GUNN HIGHWAY
TAMPA, FL 33625 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: DC () Delete
Name: SUAREZ, JACK D
Address: 6522 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: DP () Delete
Name: CLARK, JAMES R
Address: 6522 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: DV () Delete
Name: ELLERBEE, MARK
Address: 6522 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: S () Delete
Name: LYNCH, PAUL R
Address: 101 EAST KENNEDY BLVD. STE. 2800
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: WALTERS, BEN
Address: 6522 GUNN HWY
City-St-Zip: TAMPA, FL 33625

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

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: JACK D SUAREZ

DC

04/30/2008

Electronic Signature of Signing Officer or Director

Date