


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000075679		
1. Entity Name LAFAYETTE MOTEL, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 AM 9:48

Principal Place of Business 1525 W. TENNESSEE ST. TALLAHASSEE, FL 32304	Mailing Address 1525 W. TENNESSEE ST. TALLAHASSEE, FL 32304
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400068509174
03/23/06--01005--004 **200.00



2. Principal Place of Business TALLAHASSEE FL.	3. Mailing Address 1525 W. TENNESSEE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232006 Chg-P CR2E034 (11/05)

City & State TALLAHASSEE	City & State FLORIDA
Zip 32304	Country LEON.

4. FEI Number 59-3595771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, J C 819 MCGUIRE AVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name J. C. PATEL Street Address (P.O. Box Number is Not Acceptable) 819 MCGUIRE AVE City TALLAHASSEE FL Zip Code 32303	
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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 <u>2/11</u>	DATE <u>3.23.2006</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, J C 819 MCGUIRE AVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, S J 819 MCGUIRE AVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>2/11</u>	DATE <u>3.23.2006</u>