


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90073 048 \*\*\*150.00

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DOCUMENT # S93994					
1. Entity Name MACON INNKEEPERS, INC.					
Principal Place of Business 1100 LINTON BLVD STE C-9 DELRAY BEACH, FL 33444		Mailing Address 1000 MARKET STREET BLDG A PORTSMOUTH, NH 03801 US			
2. Principal Place of Business <i>1001 E Atlantic Ave</i>		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 202</i>		Suite, Apt. #, etc.			
City & State <i>Delray Beach, FL</i>		City & State			
Zip <i>33483</i>		Country		Country	
6. Name and Address of Current Registered Agent AKRIDGE, DAVID 1100 LINTON BLVD STE C-9 DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKRIDGE, DAVID	NAME			
STREET ADDRESS	1000 MARKET ST., BLDG. ONE	STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALSH, MICHAEL	NAME			
STREET ADDRESS	1100 LINTON BLVD., STE C-9	STREET ADDRESS	<i>1001 E. Atlantic Ave.</i>		
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	<i>Delray Beach, FL 33483</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Michael Walsh</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Michael Walsh, Director</i>		Date: <i>1/26/06</i> Daytime Phone #: <i>(561) 279-9900</i>	