


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90502 001 ***300.00

DOCUMENT # V37955	
1. Entity Name BUDGET INNS OF PENSACOLA, INC.	

Principal Place of Business 6911 PENSACOLA BLVD PENSACOLA, FL 32505 US	Mailing Address 4300 BAYOU BLVD. SUITES 128-13 PENSACOLA, FL 32505 US
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3138119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
4300 BAYOU BLVD, SUITE 13
PENSACOLA, FL 32503

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PATEL, ANIMESH M 6911 PENSACOLA BLVD. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS NATHUBHAI, RAMAN 6911 PENSACOLA BLVD PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, MADHU 6911 PENSACOLA BLVD. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMAN, BHANU HIRA 6911 PENSACOLA BLVD. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: _____ 04-24-06 (850) 232-9417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #