

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90249 009 ***150.00

14009286



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0397628 Applied For
 APPLIED FOR Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # F03000005820
 1. Entity Name
 4311 PARKSIDE INNKEEPERS, INC.



Principal Place of Business Mailing Address
 1000 MARKET STREET, BLDG. 1, STE. 300 1000 MARKET STREET, BLDG. 1, STE. 300
 PORTSMOUTH, NH 03801 PORTSMOUTH, NH 03801

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, DOUGLAS			NAME			
STREET ADDRESS	1000 MARKET STREET, BLDG. 1, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKRIDGE, DAVID			NAME			
STREET ADDRESS	1000 MARKET STREET, BLDG. 1, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEANE, THOMAS M			NAME			
STREET ADDRESS	1000 MARKET STREET, BLDG. 1, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, R J			NAME			
STREET ADDRESS	1000 MARKET STREET, BLDG. 1, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801			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 exemption stated in Section 119.07(3)(i), 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: Douglas E. Greene Douglas Greene 1/31/05 (603)559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #