

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000767

FILED
Feb 28, 2012
Secretary of State

Entity Name: OCALA INNKEEPERS, INC.

Current Principal Place of Business:

1000 MARKET ST. BLDG 1, STE 202
PORTSMOUTH, NH 03801

New Principal Place of Business:

1000 MARKET ST. BLDG 2, STE 1
PORTSMOUTH, NH 03801

Current Mailing Address:

1000 MARKET ST BLDG. 1 STE 202
PORTSMOUTH, NH 03801

New Mailing Address:

1000 MARKET ST BLDG. 2 STE 1
PORTSMOUTH, NH 03801

FEI Number: 20-8439347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: CPT
Name: AKRIDGE, DAVID
Address: 1000 MARKET ST BLDG. 2 STE 1
City-St-Zip: PORTSMOUTH, NH 03801

Title: VCVF
Name: GREENE, R.J.
Address: 1000 MARKET ST BLDG. 2 STE 1
City-St-Zip: PORTSMOUTH, NH 03801

Title: S
Name: KEANE, THOMAS M
Address: 1000 MARKET ST BLDG. 2 STE 1
City-St-Zip: PORTSMOUTH, NH 03801

I hereby 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 all other like empowered.

SIGNATURE: DAVID AKRIDGE

CPT

02/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date