

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J61437

**Entity Name:** AMERICAN INN OF COLUMBIA COUNTY, INC.

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC7878931581**

**Current Principal Place of Business:**

AMERICAN INN C/O ARVIND PATEL  
4295 EISENHOWER  
HOFFMAN ESTATES, IL 60192

**Current Mailing Address:**

AMERICAN INN C/O ARVIND PATEL  
4295 EISENHOWER CIR.  
HOFFMAN ESTATES, IL 60192

**FEI Number: 59-1792440**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRANNON,BROWN,HALEY,ROBINSON & COLE, PA  
10 N COLUMBIA STREET  
ATTN MR. BILL HALEY  
LAKE CITY, FL 32055-0922 US

*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

**Officer/Director Detail :**

Title SD  
Name PATEL, ARVIND  
Address 4295 EISENHOWER CIRCLE  
City-State-Zip: HOFFMAN ESTATES IL 60192

Title PD  
Name PATEL, ARVIND  
Address 4295 EISENHOWER CIRCLE  
City-State-Zip: HOFFMAN ESTATES IL 60192

*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: ARVIND PATEL**

**PRESIDENT**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date