## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # J81576

1. Entity Name

THE SEVILLE DOWNTOWN INN, INC.



FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

223 EAST GARDEN STREET PENSACOLA, FL 32501 223 EAST GARDEN STREET PENSACOLA, FL 32501



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2828084

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JOHN 223 GARDEN ST PENSACOLA EL 3250

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PENSACOLA, PL 32801			IN THIS SPACE			
a. The above the obligation	named entity submits this statement for the priors of registered agent.	ourpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Florida. I am iamilia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Ag	ent signatur	required when reinstating)	DATE	<del></del>
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	'g 🗆	\$5.00 May Be Added to Fees	-	-
10.	OFFICERS AND DIREC	CTORS	<del></del>			1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONOVAN, MICHAEL J. 223 E. GARDEN STREET PENSACOLA, FL		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/12/04-80039-020	158.75
TIDLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>		IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(f). 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:

ENATURE AND TYPED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTOR

1/10/04

850-433-833/

Caytime Phone #