

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90047 044 ***158.75

DOCUMENT # J81576



1. Entity Name
THE SEVILLE DOWNTOWN INN, INC.

Principal Place of Business
**223 EAST GARDEN STREET
 PENSACOLA, FL 32502**

Mailing Address
**223 EAST GARDEN STREET
 PENSACOLA, FL 32501**

40123507



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2828084

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHAEL D TIDWELL
 811 N. SPRING ST
 PENSACOLA, FL 32501**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | DONOVAN, MICHAEL J. | |
| STREET ADDRESS | 223 E. GARDEN STREET | |
| CITY-ST-ZIP | PENSACOLA, FL 32502 | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | CASIE R. DONOVAN | |
| STREET ADDRESS | 223 East Garden St | |
| CITY-ST-ZIP | Pensacola, FL 32502 | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | BRIAN M. DONOVAN | |
| STREET ADDRESS | 223 East Garden St | |
| CITY-ST-ZIP | Pensacola, FL 32502 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Michael J. Donovan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/07 850-433-9331
 Date Printed Phone #