


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 413953 1. Entity Name HOLIDAY HARBOR RESTAURANT, INC.	
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Principal Place of Business 3333 S. ATLANTIC AVE #1604 DAYTONA BEACH, FL 32118 US	Mailing Address 3333 S. ATLANTIC AVE #1604 DAYTONA BEACH, FL 32118 US
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DO NOT WRITE IN THIS SPACE

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1449690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSEN, PATRICIA
 3333 S ATLANTIC AVE #1604
 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000899825
 04/29/08-80004-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JOHNSEN, PATRICIA 3333 S ATLANTIC AVE 1604 DAYTONA BEACH SHORES, FL
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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: Patricia Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____