

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90087 019 \*\*\*150.00

<b>DOCUMENT # F06386</b> 1. Entity Name HOLIDAY SHORES PARK, INC.					
Principal Place of Business 10289 PARADISE DR. #209 LARGO, FL 33773 US			Mailing Address 10289 PARADISE DR. #209 LARGO, FL 33773 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2046940	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  DE HAAN, ELLEN H 2401 W BAY DR STE 414 LARGO, FL 33770				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <div style="float: right;"> <b>\$5.00</b> May Be          Added to Fees       </div>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORNICK, KATHLEEN 10289 PARADISE DR LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOBLOCK, BOB 10289 PARADISE DR LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Greg Guyler 10289 Paradise Drive Largo, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REISH, CARL 10289 PARADISE DR LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Doyle 10289 Paradise Drive Largo, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLAYBAUGH, MONTY 10289 PARADISE DR LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMERS, LAURENCE 10289 PARADISE DR. LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUBE, JOHN 10460 HOLIDAY SHORES DR LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY WAGNER 10289 PARADISE DR LARGO, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Joseph Doyle</u> <b>JOSEPH DOYLE</b> <span style="float: right;">4-5-07 (727) 393-5916</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					