


#158.75

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # G57594</b> 1. Entity Name HOLIDAY ISLE RESORT & MARINA, INC.	
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Principal Place of Business 84001 OVERSEAS HWY., ISLAMORADA, FL 33036	Mailing Address 84001 OVERSEAS HWY., ISLAMORADA, FL 33036
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<b>DO NOT WRITE IN THIS SPACE</b>
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**FILED**  
05 FEB 22 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312005 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 59-2327305	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CELETANO, VINCENT D 84001 OVERSEAS HWY., ISLAMORADA, FL 33036
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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 title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UD00100230551 02/22/05-800555-001 352.50
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLENENTANO, MARY N 987 HILLSBORO MILE HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORICCO, RICHARD A 216 CROWN ST., 5TH FL. NEW HAVEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CELENTANO, DAVID 987 HILLSBORO MILE HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.	
SIGNATURE: <i>David Celentano, Pres</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>2-1-05</i> _____ Daytime Phone #: <i>954-234-0487</i> _____