

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90008 049 ***150.00

DOCUMENT # L06412 1. Entity Name HOLIDAY HARBOR MARINA AND TRAILER PARK, INC.					
Principal Place of Business 3638 S OCEAN BLVD. HIGHLAND BEACH, FL 33487 US <i>New</i>			Mailing Address 3638 S OCEAN BLVD. HIGHLAND BEACH, FL 33487 US		
2. Principal Place of Business Mrs. Patricia Ciasli 7636 Mandarin Dr. Boca Raton, FL 33433					
Suite, Apt. #, etc.		City & State		03262004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0178639	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIASULLI, PATRICIA 3638 S OCEAN BLVD HIGHLAND BEACH, FL 33487				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS CIASULLI, PATRICIA 3638 S OCEAN BLVD HIGHLAND BEACH, FL 33487		<input type="checkbox"/> Delete	Mrs. Patricia Ciasli 7636 Mandarin Dr. Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIASULLI, PATRICIA 3638 S OCEAN BLVD HIGHLAND BEACH, FL 33487		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Mrs. Patricia Ciasli 7636 Mandarin Dr. Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE:			3-30-04 - 561-488-1463		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		