

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N97000001312**

1. Entity Name  
**PASS-A-GRILLE MERCHANTS ASSOCIATION,  
INCORPORATED**



Principal Place of Business  
**800 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706**

Mailing Address  
**P.O BOX 46424  
PASS-A-GRILLE, FL 33741-6424**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3495953**

Applied  
Not App.

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

**6. Name and Address of Current Registered Agent**

**HOLEHOUSE, RONALD  
113 12TH AVE  
ST. PETE BEACH, FL 33706**

**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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HOLEHOUSE, RONALD  
113 124TH AVE  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WESSON, SUZANNE  
104 8TH AVE.  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
SHOLTY, ALVA  
801 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MATTHES, PEGGY  
11 8TH AVE  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000380267  
01/11/06-80007-007 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Alva Sholty*

*1-5-6*

*DT*