## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2008 8:00 am Secretary of State

01-24-2008 90044 021 \*\*\*\*61.25

| DOCU | MENT | # N97 | 700000 | 1312 |
|------|------|-------|--------|------|
|      |      |       |        |      |

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

guvv



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3495953

Applied Fo

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

|  |  |                       | 114                            | IIIIS SPACE  |  |
|--|--|-----------------------|--------------------------------|--|--|
|  | e named entity submits this statement for the purpose of changing its regitions of registered agent. | stered office or      | registered agent, or bo        | oth, in the State of Florida. I am familiar with, and ac |  |
| SIGNATURE.                                     | ·  |                       |                                |  |  |
|  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec             | nstered Agent signatu | re required when reinstating)  | DATE   |  |
|  | Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign F Trust Fund Contribut               |                       | \$5.00 May Be<br>Added to Fees |  |  |
| 10.  | OFFICERS AND DIRECTORS   |                       |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HOLEHOUSE, RONALD<br>113 124TH AVE<br>ST. PETE BEACH, FL 33706                                 |                       | 01,                            | 00000000000000000000000000000000000000                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DV<br>WESSON, SUZANNE<br>104 8TH AVE.<br>8T. PETE BEACH, FL 33796                                    |                       |                                |  |  |
| NAME<br>STREET ADDRESS<br>CITY ST-ZIP          | DT<br>SHOLTY, ALVA<br>801 PASS-A-GRILLE WAY<br>ST. PETE BEACH, FL 33706                              |                       | DO NOT WRITE<br>IN THIS SPACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MATTHES, PEGGY 11 8TH AVE ST. PETE BEACH, FL 33706   |                       |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |                       |                                |  |  |
| TITLE NAME                                     |  |                       | · *                            |  |  |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati 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 directly 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 changed, or on an attachment with an address, with all other like empowered.

Alm Sholty

CITY-ST-ZIP

Alra Sholf

Jan 14 2008