2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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1. Entity Name
HOLIDAY PARK CABLE CORPORATION

Principal Place of Business	Mailing Address
5401 HOLIDAY PARK BLVD NORTH PORT, FL 34287	5401 HOLIDAY PARK BLVD NORTH PORT, FL 34287

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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0866469
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMBER, HARLAN R
3900 CLARK ROAD, STE L-1
SARASOTA, FL 34233

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000401905
02/02/06-80064-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGARY, NEIL W
STREET ADDRESS	5740 HOLIDAY PARK BLVD
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	VD
NAME	D'ARGENIO, ANTHONY
STREET ADDRESS	6902 APOPO COURT
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	SD
NAME	HECKMAN, GEORGE
STREET ADDRESS	6488 KEENA COURT
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	TD
NAME	EALAHAN, WILLIAM
STREET ADDRESS	5130 PALENA BLVD
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D
NAME	TOONEY, MARGARET
STREET ADDRESS	6955 AWAWA CT
CITY-ST-ZIP	NORTH PORT, FL 34287
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 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: George D. Heckman GEORGE HECKMAN 1-23-2006 941-426-2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #