

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000094698

**1. Entity Name
HERCAL @ HOLIDAY, INC.**



**Principal Place of Business
1137 U.S. HWY 19 NORTH
HOLIDAY, FL 34691**

**Mailing Address
1798 NORTH HERCULES AVE
CLEARWATER, FL 33765**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3757167**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**RAYMOND, J PAUL
825 COURT STREET STE 200
CLEARWATER, FL 33756**

**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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000577583
01/08/07-80021-015 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME WILSON, STAPHANIE D
STREET ADDRESS 1798 M HERCULES AVE
CITY-ST-ZIP CLEARWATER, FL 33575**

**TITLE SD
NAME RAYMOND, J PAUL
STREET ADDRESS 825 COURT STREET STE 200
CITY-ST-ZIP CLEARWATER, FL 33756**

**TITLE S
NAME IRIZARRY, ANGEL
STREET ADDRESS 8901 PEPPERMILL CT
CITY-ST-ZIP TAMPA, FL 33834**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-07