

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000130825

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** HOLIDAY WATER SPORTS OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

275 ESTERO BLVD  
FORT MYERS BEACH, FL 33931 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6288  
FORT MYERS BEACH, FL 33931 US

**New Mailing Address:**

PO BOX 6288  
FORT MYERS BEACH, FL 33932 US

**FEI Number:** 13-4269232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRCLOTH, SHARON F  
11711 ISLE OF PALMS DRIVE  
FORT MYERS BEACH, FL 33931 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FAIRCLOTH, KEVIN C  
**Address:** 11711 ISLE OF PALMS DRIVE  
**City-St-Zip:** FORT MYERS BEACH, FL 33931 US

**Title:** D  
**Name:** FAIRCLOTH, SHARON F  
**Address:** 11711 ISLE OF PALMS DRIVE  
**City-St-Zip:** FORT MYERS BEACH, FL 33931 US

**Title:** D  
**Name:** WEBER, MARK R  
**Address:** PO BOX 6347  
**City-St-Zip:** FORT MYERS BEACH, FL 33932

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SHARON FAIRCLOTH

D

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date