

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002184

Entity Name: HOULLIS' ISLAND HOUSE, INC.

FILED
Feb 18, 2010
Secretary of State

Current Principal Place of Business:

1723 AVOCA DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1723 AVOCA DRIVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-2154015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOULLIS, MICHAEL M
1723 AVOCA DRIVE
TARPON SPRINGS, FL 34689 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOULLIS, MICHAEL M
Address: 1723 AVOCA DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP
Name: LACHANCE, MADELYNE A
Address: 1005 CONNECTICUT RD
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP
Name: SALLS, DARWIN A
Address: 1005 CONNECTICUT RD
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: EVP
Name: LACHANCE, BARRY M
Address: 1005 CONNECTICUT ROAD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DIR
Name: CHRYSAKIS, EMMANUEL
Address: 1831 OAKMONT AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DIR
Name: CHRYSAKIS, PHIL
Address: 1831 OAKMONT AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

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: BARRY M LACHANCE

EVP

02/18/2010

Electronic Signature of Signing Officer or Director

Date