

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000010225

Entity Name: DOCK HOLIDAY CORP.

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

### **Current Principal Place of Business:**

2663 AIRPORT ROAD SOUTH  
SUITE D-110  
NAPLES, FL 34112 US

### **New Principal Place of Business:**

436 BAYFRONT  
NAPLES, FL 34102 US

### **Current Mailing Address:**

2663 AIRPORT ROAD SOUTH  
SUITE D-110  
NAPLES, FL 34112 US

### **New Mailing Address:**

436 BAYFRONT  
NAPLES, FL 34102 US

FEI Number: 20-5909742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRYANT, EDWARD R JR.  
2663 AIRPORT ROAD SOUTH  
D-110  
NAPLES, FL 34112 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: P ( ) Delete  
Name: STONEBURNER, CRIS  
Address: 640 17TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOFGREN, DARLENE  
Address: 436 BAYFRONT  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARLENE LOFGREN

P

04/09/2008

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

\_\_\_\_\_  
Date