



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90086 044 \*\*\*150.00

<b>DOCUMENT # P06000070297</b> 1. Entity Name <b>MISS LUCY'S HOUSE OF HOLIDAYS, INC.</b>					
Principal Place of Business <b>3725 S.W. 5TH STREET</b> <b>CAPECORAL, FL 33991 US</b>			Mailing Address <b>3725 S.W. 5TH STREET</b> <b>CAPECORAL, FL 33991 US</b>		
2. Principal Place of Business - No P.O. Box # <b>14261 So. Tamiami Tr</b> Suite, Apt. #, etc. <b>STE # 17</b> City & State <b>Fort Myers, FL</b> Zip <b>33912</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>USA</b>			
4. FEI Number <b>20-1892730</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBSON, MICHAEL K</b> <b>3725 S.W. 5TH STREET</b> <b>CAPE CORAL, FL 33991</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u>Michael K Robson pres</u> <b>Michael K Robson pres</b> <u>1-18-07</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROBSON, MICHAEL K</b> <b>3725 S.W. 5TH STREET</b> <b>CAPE CORAL, FL 33991</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GEORGE, SHARON</b> <b>13411 ELECTRON DRIVE</b> <b>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY <b>GEORGE, SHARON</b> <b>13411 ELECTRON DRIVE</b> <b>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES <b>ROBSON, MICHAEL K</b> <b>3725 S.W. 5TH STREET</b> <b>CAPE CORAL, FL 33991</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
<b>SIGNATURE:</b> <u>Michael K Robson</u> <b>Michael K Robson, Pres</b> <u>1/19/07</u> <u>289-332</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					