

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070297

FILED
Apr 24, 2009
Secretary of State

Entity Name: MISS LUCY'S HOUSE OF HOLIDAYS, INC.

Current Principal Place of Business:

14261 SO. TAMIAMI TR
STE #17
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

3725 S.W. 5TH STREET
CAPECORAL, FL 33991 US

New Mailing Address:

FEI Number: 20-4892730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBSON, MICHAEL K
3725 S.W. 5TH STREET
CAPE CORAL, FL 33991 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: P () Delete
Name: ROBSON, MICHAEL K
Address: 3725 S.W. 5TH STREET
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP () Delete
Name: GEORGE, SHARON
Address: 13411 ELECTRON DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: SEC () Delete
Name: BROWN, JOSHUA W
Address: 9035 COLBY DR 23-17
City-St-Zip: FORT MYERS, FL 33919

Title: TRES () Delete
Name: BROWN, JOSHUA W
Address: 9035 COLBY DR 23-17
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL ROBSON

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date