

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070297

FILED  
Apr 29, 2011  
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  
CAPE CORAL, 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

**OFFICERS AND DIRECTORS:**

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

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

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

**Title:** TRES  
**Name:** ADAMS, MICHAEL S  
**Address:** 9035 COLBY DR 23-17  
**City-St-Zip:** FORT MYERS, FL 33919 US

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:** MICHAEL K ROBSON

PRES

04/29/2011

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

\_\_\_\_\_  
Date