


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90095 042 ***150.00

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| DOCUMENT # P06000141296 | |  | |
| 1. Entity Name HOLIDAY BEACH RENTALS INC. | | | |
| Principal Place of Business 3003 NORTH HIGHWAY A1A INDIALANTIC FL 32903 | | Mailing Address 2735 18TH AVE SE NAPLES FL 34117 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO BOX 6602 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. # | |
| City & State | | City & State FORT MYERS BEACH FL | |
| Zip | Country | Zip 33932 | Country LCC |
| 6. Name and Address of Current Registered Agent | | 4. FEI Number 61-1512638 | |
| WEBER, MARK 2735 18TH AVE SE NAPLES-FL-34117 | | Applied For | |
| | | Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | 1st MOORE CR2E034 (10/06) | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | FL 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 <i>Mark Weber</i> Mark Weber | | DATE 1-28-07 | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | P WEBER, MARK 2735 18TH AVE SE NAPLES FL 34117 <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 PENATE, MIKE 2735 18TH AVE SE NAPLES FL 34117 <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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | | | |
| SIGNATURE: <i>Mark Weber</i> MARK WEBER | | DATE: 1-28-07 DAYTIME PHONE: 239 757 9343 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE DAYTIME PHONE # | |