

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000073325

1. Entity Name
HOLLIDAY GROUP OF SARASOTA, INC.



Principal Place of Business
530 BURNS LANE
SARASOTA, FL 34236 US

Mailing Address
530 BURNS LANE
SARASOTA, FL 34236 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08222006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0453279

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLIDAY, DAVID C
1715 HYDE PARK ST
SARASOTA, FL 34239

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
HOLLIDAY, D. CRAIG ☐ Delete
STREET ADDRESS 530 BURNS LANE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS 500079227225 ☐ Change ☐ Addition
CITY-ST-ZIP 08/29/06--01058--004 **\$61.25

TITLE
NAME V
HOLLIDAY, LISA A ☐ Delete
STREET ADDRESS 530 BURNS LANE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME Vice President
STREET ADDRESS Bohannon, Joe
CITY-ST-ZIP 530 Burns Lane
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME Secretary
STREET ADDRESS Graham, Diana
CITY-ST-ZIP 530 Burns Lane
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D Craig Holliday

8/22/06 (941) 951-2699

Date Daytime Phone #

FILED
06 AUG 25 PM 2:03
SECURITY STATE
FILED AUG 25 2006 FLORIDA

