2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P93000073325

Entity Name: HOLLIDAY GROUP OF SARASOTA, INC.

Current Principal Place of Business:

530 BURNS LANE
SARASOTA, FL 34236 US

New Principal Place of Business:

1551 2ND STREET
SARASOTA, FL 34236 US

Current Mailing Address:

530 BURNS LANE
SARASOTA, FL 34236 US

New Mailing Address:

1551 2ND STREET
SARASOTA, FL 34236 US

FEI Number: 65-0453279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLIDAY, DAVID C
1715 HYDE PARK ST
SARASOTA, FL 34239 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: HOLLIDAY, D. CRAIG
Address: 530 BURNS LANE
City-St-Zip: SARASOTA, FL 34236

Title: V ( ) Delete
Name: HOLLIDAY, LISA A
Address: 530 BURNS LANE
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete
Name: BOHAMON, JOE
Address: 530 BURNS LANE
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete
Name: GRAHAM, DIANE
Address: 530 BURNS LANE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOLLIDAY, D. CRAIG
Address: 1551 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: V (X) Change ( ) Addition
Name: HOLLIDAY, LISA A
Address: 1551 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Change ( ) Addition
Name: BOHAMON, JOE
Address: 1551 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: S (X) Change ( ) Addition
Name: GRAHAM, DIANNA
Address: 1551 2ND STREET
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANNA GRAHAM S 01/30/2007

Electronic Signature of Signing Officer or Director Date