


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90015 044 ***150.00

DOCUMENT # P97000019176	
1. Entity Name HOLIDAY STRESS RELIEF CENTER, INC.	

Principal Place of Business 1836 US 19 HOLIDAY FL 34691	Mailing Address 1836 US 19 HOLIDAY FL 34691
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2. Principal Place of Business 4806 Mile Stretch Dr	3. Mailing Address 4806 Mile Stretch Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Holiday FL	City & State Holiday FL
Zip 34690	Zip 34690
Country FLASCO	Country FLASCO



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent MALONE, VIRGINIA 1836 US 19 HOLIDAY FL 34691		7. Name and Address of New Registered Agent Name Virginia Clark Street Address (P.O. Box Number is Not Acceptable) 4806 Mile Stretch Dr City Holiday FL Zip Code 34690	
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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 Virginia Clark (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, VIRGINIA 1836 US 19 HOLIDAY FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Virginia Clark 4806 Mile Stretch Dr. Holiday FL, 34690 <input checked="" 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
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
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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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

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: Virginia Malone Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ Daytime Phone # _____