


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90011 027 \*\*\*150.00

2/1

DOCUMENT # P97000069931 1. Entity Name HOLIDAY OFFICE PLAZA, INC.	
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Principal Place of Business P.O. BOX 320637 COCOA BEACH, FL 32932-0637	Mailing Address P.O. BOX 320637 COCOA BEACH, FL 32932-0637
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**DO NOT WRITE IN THIS SPACE**

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3465727	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRN, PHILIP F  
1800 W. HIBISCUS BOULEVARD  
SUITE 138  
MELBOURNE, FL 32902-1870

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KODSI, MAURICE 925 N COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KODSI, ROBERT 925 N CORTZ PKWY, #28 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  2/23/06 (321) 453-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment  
06002801

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

HOLIDAY OFFICE PLAZA, INC.  
P.O. BOX 320637  
COCOA BEACH, FL 32932-0637

Subject: **HOLIDAY OFFICE PLAZA, INC.**

Reference Number: **P97000069931**

Please be advised, we ~~have received~~ your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION