

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000077878

1. Entity Name
HOLIDAY SHOWPLACE, INC.



Principal Place of Business
4102 BUCHANAN STREET
HOLLYWOOD, FL 33021

Mailing Address
4102 BUCHANAN STREET
HOLLYWOOD, FL 33021

FILED
Feb 15, 2007 08:00 AM
Secretary of State



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0780199

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMONA CIRCLE
SUITE 601
MIAMI, FL 33134

**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

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

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	FIELDSTONE, RONALD R
STREET ADDRESS	201ALHAMBRA CIRCLE STE 601
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DP
NAME	GOUGHAN, LEO
STREET ADDRESS	450 N. PARK RD STE 800
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000637718
02/26/07-80072-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07

Date

954-296-7707

Daytime Phone #