



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # S33978 1. Entity Name HOLIDAY HOUSE GIFT SHOP, INC.						FILED 04 FEB -6 PM 1:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 950 N COLLIER BLVD SUITE 301 MARCO ISLAND, FL 34145 US				Mailing Address 950 N COLLIER BLVD SUITE 301 MARCO ISLAND, FL 34145 US			
2. Principal Place of Business		3. Mailing Address		 02112004 Chg-P <i>See a track</i> CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0304859		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAUSLER, GARY J 950 N. COLLIER BLVD. SUITE 301 MARCO ISLAND, FL 34145				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ 700029322377 02/24/04--01060--007 **150.00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STILLMAN, NEIL A.			NAME			
STREET ADDRESS	941 S COLLIER BLVD #6			STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, ELAINE			NAME			
STREET ADDRESS	941 S COLLIER BLVD #4			STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAUGHAN, SUZANNE N			NAME			
STREET ADDRESS	190 SOCIETY CT			STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
				Date		Daytime Phone #	



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Business Entity Name

HOLIDAY HOUSE GIFT SHOP, INC.

FEI Number

650304859

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

950 N COLLIER BLVD

Suite, Apt. #, etc.

SUITE 301

City, State

MARCO ISLAND

FL

Zip Code & Country

34145

US

Mailing Address

Address

950 N COLLIER BLVD

Suite, Apt. #, etc.

SUITE 301

City, State

MARCO ISLAND

FL

Zip Code & Country

34145

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HAUSLER

GARY

J

-or- RA Business Name

Address

950 N. COLLIER BLVD.

Suite, Apt. #, etc.

SUITE 301

City, State

MARCO ISLAND

FL

Zip Code & Country

34145

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

HOLIDAY HOUSE GIFT SHOP, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title PRES

Officer/Director Signature Elaine R. Sutton

Continue

Reset

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