

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S33978

1. Entity Name
HOLIDAY HOUSE GIFT SHOP, INC.



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



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0304859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAUSLER, GARY J
950 N. COLLIER BLVD.
SUITE 301
MARCO ISLAND, FL 34145

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000227681
02/14/05-80008-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STILLMAN, NEIL A.
STREET ADDRESS	941 S COLLIER BLVD #6
CITY-ST-ZIP	MARCO ISLAND, FL 34145

TITLE	PD
NAME	SUTTON, ELAINE
STREET ADDRESS	941 S COLLIER BLVD #4
CITY-ST-ZIP	MARCO ISLAND, FL 34145

TITLE	VP
NAME	VAUGHAN, SUZANNE N
STREET ADDRESS	190 SOCIETY CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

2-4-05 ✓ 239-642-6309