


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S33978</b> 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0304859				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  HAUSLER, GARY J 950 N. COLLIER BLVD. SUITE 301 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLMAN, NEIL A. 941 S COLLIER BLVD #6 MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition          1100000427234          02/20/06-80075-014 150.00       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTON, ELAINE 941 S COLLIER BLVD #4 MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAUGHAN, SUZANNE N 190 SOCIETY CT MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
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.					
<b>SIGNATURE:</b> <i>E. Elaine R. Sutton</i> <b>E.R. SUTTON</b> <b>FEB 6/06</b> <b>239-642-7113</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					