

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S68774

1. Entity Name
HOLIDAY HARBOR MARINA, INC.



Principal Place of Business
**14050 CANAL-A-WAY
PENSACOLA, FL 32507 US**

Mailing Address
**P O BOX 12346
PENSACOLA, FL 32591**



02032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3076940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIZZELL, THOMAS M
3250 NAVY BLVD
PENSACOLA, FL 32505**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BIZZELL, THOMAS M.
STREET ADDRESS 14402 RIVER RD
CITY-ST-ZIP PENSACOLA, FL

TITLE STD ☐ Delete
NAME BIZZELL, ALLEN H.
STREET ADDRESS 1604 CREEK HOLLOW
CITY-ST-ZIP AUSTIN, TX

TITLE VPD ☐ Delete
NAME BIZZELL, STEPHEN K.
STREET ADDRESS 6804 FABIANO ST
CITY-ST-ZIP PENSACOLA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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02/22/06-80015-017 150.00

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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 an other like empowered

SIGNATURE:

Thomas M. Bizzell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Bizzell

2/8/06

Date

Daytime Phone #