## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # S68774**

Entity Name
 HOLIDAY HARBOR MARINA, INC.



## FILED Feb 15, 2008 8:00 am Secretary of State

TIOCIDAT TIARDOR WARRING, INO.								02-15-2008 90011 031 ***150.00				
Principal Place of Business 14050 CANAL-A-WAY PENSACOLA, FL 32507 US			P	Mailing Address P O BOX 12346 PENSACOLA, FL 32591				·				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02062008	Chg-P		4 (12/06)	
City & State				City & State				4. FEI Numb			<u> </u>	plied For
Zip	Zip Country			Zip Country					of Status Desired		8.75 Add	litional
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent					
						Name						
BIZZELL, THOMAS M 3250 NAVY BLVD PENSACOLA, FL 32505					Street Address (P.O. Box Number is Not Acceptable)							
PENOAGOLA, PE 32303												
<u>.</u>						City				FL	Zip Code	9 .
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												
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.								.00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS 11								ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PD Delete TITL					· · · · I				102/10/1110	☐ Change	Addition
NAME	BIZZELL, THOMAS M.			NAM NAM								
STREET ADDRESS	SS 14402 RIVER RD			STR		ET ADDRESS						
CITY-ST-ZIP	PENSACOLA, FL				CITY	-ST-ZIP						l
TITLE					TITLE						Change	☐ Addition
NAME	BIZZELL, ALLEN H.			NAM			1/1	(1 (at.	- n			
STREET ADDRESS CITY-ST-ZIP	S 1604 CREEK HOLLOW AUSTIN, TX					ET ADDRESS -ST-ZIP						
TITLE	VPD Delete William						1011	sacora,	FL 32307		Change	Addition
NAME	BIZZELL, STEPHEN K.						•			-	Change	☐ Audition
STREET ADDRESS 6804 FABIANO ST					STRE	ET ADDRESS						
CITY-ST-ZIP	PENSAC	DLA, FL			CITY	- ST- ZIP						
TITLE				☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS					NAM							
CITY-ST-ZIP				•		ET ADDRESS - ST-ZIP			•			
TITLE		- dr d. W.		☐ Delete	TITLE						Change	☐ Addition
NAME	•				NAM						onlinge	II vocation
STREET ADDRESS					STRE	ET ADDRESS					•	
' CITY-ST-ZIP					ÇITY	-ST-ZIP						
THILE				☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS					NAM	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
<b>12</b> . I hereby o	certify that th	e information supplied w	ith this f	iling does not qualify fo	or the exe	emplions co	ontained	d in Chapter 11	9, Florida Statutes. I	further certif	y that the ir	nformation
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 attackney with an address, with all other like empowered.												
SIGNATURE: Thomas M. Bizzell 2/06/08												
SIGITAL	JINE.	SIGNATURE AND TYPED O	R PRINTEI	NAME OF SIGNING OFFICER	OR DIRECT	OR			Cate Cate	Da Da	ytime Phone #	