


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90026 042 \*\*\*150.00

**DOCUMENT # J07520**  
 1. Entity Name  
 HOLIDAY VACATIONS, INC.



Principal Place of Business: 1100 LINTON BLVD, SUITE C9, DELRAY BEACH, FL 33444 US  
 Mailing Address: 1000 MARKET ST, BLDG 1, PORTSMOUTH, NH 03801 US

2. Principal Place of Business: 1001 E Atlantic Ave, Suite #, etc. Suite 202, Delray Beach, FL  
 3. Mailing Address: Suite, Apt. #, etc. City & State: Delray Beach, FL  
 Zip: 33483 Country: US



01212004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2653860 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent: CRITCHFIELD, RICHARD H., 1100 LINTON BLVD SUITE C9, DELRAY BEACH, FL 33444  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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: P NAME: BERGER, ANDREW STREET ADDRESS: 1100 LINTON BLVD STE C9 CITY-ST-ZIP: DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1001 E Atlantic Ave CITY-ST-ZIP: Delray Beach, FL 33483	
TITLE: S NAME: CRITCHFIELD, RICHARD STREET ADDRESS: 1100 LINTON BLVD STE C4 CITY-ST-ZIP: DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1001 E Atlantic Ave CITY-ST-ZIP: Delray Beach, FL 33483	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, both, other like empowered.

SIGNATURE: Andrew Berger Andrew Berger 1-27-2004 (561) 279-9900  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #