2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90006 049 ***150.00

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07022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000060159

1. Entity Name
HOLIDAY LIGHTING DESIGNS, INC.

Principal Place of Business	Mailing Address
5604 PRISCILLA LANE LAKE WORTH, FL 33463	5604 PRISCILLA LANE LAKE WORTH, FL 33463

	2. Principal Place of Business	3. Mailing Address
Street	1599 SW 30TH AVE	1599 SW 30TH AVE
Suite, Apt. #, etc.	STE 14	STE 14
City & State	BOYNTON BEACH, FL	BOYNTON BEACH, FL
Zip	33426	33426
Country	US	US

4. FEI Number: 30-0179841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELAAR, MICHAEL
5604 PRISCILLA LANE
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: DELAAR, MICHAEL STREET ADDRESS: 5604 PRISCILLA LANE CITY-ST-ZIP: LAKE WORTH, FL 33463	☐ Delete	TITLE: D NAME: DELAAR, MICHAEL STREET ADDRESS: 6340 STONEHURST CIRCLE CITY-ST-ZIP: LAKE WORTH, FL 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE: Michael DeLaar Michael Delaar 7/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 540609s-1

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 1, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: Holiday Lighting Designs, Inc.
Document #: P03000060159
FEIN: 30-0179841
Tax Form: UBR
Tax Period: 2004

To Whom It May Concern:

We have enclosed check #164 in the amount of $150.00 for the Annual Renewal of Holiday Lighting Designs, Inc, Document # P03000060159.

Please abate the penalty as Mr. Delaar did not receive the original UBR, and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C. R. Cooper, CPA

Encl.

cc