

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004266

Entity Name: HOLIDAY HOOPS, INC.**Current Principal Place of Business:**17270 89TH PLACE NORTH
LOXAHATCHEE, FL 33470**Current Mailing Address:**17270 89TH PLACE NORTH
LOXAHATCHEE, FL 33470**FEI Number:** 65-1114537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLIDAY, WESTLEY
17270 89TH PLACE N
LOXAHATCHEE, FL 33470 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SHIELDS, SHEDRICK
Address	3363 DIONE STREET
City-State-Zip:	WEST MELBOURNE FL 32904

Title	T
Name	HOLIDAY, WESTLEY T
Address	324 EAST STREET
City-State-Zip:	NEW YORK NY 10016

Title	D
Name	DAVIS, KENNY
Address	3601 COMMERCIAL BLVD. SUITE 35
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	D
Name	HOLIDAY, FAITH
Address	11629 SARITA COURT
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	GAFFNEY, SHERAY
Address	1210 COLONY TRAIL
City-State-Zip:	FAIRBURN GA 30213

Title	VP
Name	HOLIDAY, JUDY L
Address	17270 89TH PLACE NORTH
City-State-Zip:	LOXAHATCHEE FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WESTLEY HOLIDAY

CEO

04/19/2013

Electronic Signature of Signing Officer/Director Detail_____
Date