### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000011173

Entity Name: HOLIDAY HELPERS INC.

Apr 01, 2019 Secretary of State 8945066956CC

**FILED** 

## **Current Principal Place of Business:**

100 WEST LUCERNE CIRCLE SUITE 502 B ORLANDO, FL 32801

# **Current Mailing Address:**

100 WEST LUCERNE CIRCLE SUITE 502 B ORLANDO, FL 32801 US

FEI Number: 83-2271905 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

FLETCHER, JOSHUA J 100 WEST LUCERNE CIRCLE SUITE 502 B ORLANDO, FL 32801 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 P Title VF

Name FLETCHER, JOSHUA J Name STUART, JACOB

Address 3517 DEVONSWOOD DR Address 8655 RANDAL PARK BLVD

City-State-Zip: ORLANDO FL 32806 City-State-Zip: ORLANDO FL 32832

Title BM Title BM

Name STUART, KATIE Name FLETCHER, JAIME

Address 8655 RANDAL PARK BLVD Address 3517 DEVONSWOOD DR
City-State-Zip: ORLANDO FL 32832 City-State-Zip: ORLANDO FL 32806

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.