

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521422

FILED
Jan 03, 2005
Secretary of State

Entity Name: HOLIDAY ON WHEELS, INC.

Current Principal Place of Business:

4100 W. 23RD STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

4100 W. 23RD STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1711357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, DAVID M
230 WOODLAWN DRIVE
PANAMA CITY, FL 32407 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AT () Delete
Name: MEADOWS, MURIEL
Address: 2531 W 9TH ST
City-St-Zip: PANAMA CITY, FL

Title: P () Delete
Name: MEADOWS, DAVID M
Address: 230 WOODLAWN DRIVE
City-St-Zip: PANAMA CITY BCH, FL 32407

Title: VP () Delete
Name: MEADOWS, DIANE G
Address: 230 WOODLAWN DRIVE
City-St-Zip: PANAMA CITY BCH, FL 32407

Title: AS () Delete
Name: ALHBERG, GINA Y
Address: 109 RAZZWAY
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: T () Delete
Name: MEADOWS, KIMBERLY G
Address: 4101 BAY POINT ROAD, #4149
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: AS () Delete
Name: ABDO, SALEEM N
Address: 6896 MILTONDALE ROAD
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MEADOWS, KIMBERLY G
Address: 7013 STARFISH COURT
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: AS (X) Change () Addition
Name: ABDO, SALEEM N
Address: 1415 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 324444

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M MEADOWS

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date