

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544678

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: HOLIDADE CORPORATION

**Current Principal Place of Business:**

3280 FAIRLANE FARMS RD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3280 FAIRLANE FARMS RD  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 59-1854164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEEMON, CHARLES L., III  
15850 BRITTEN LANE  
WELLINGTON, FL 33414 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: DP ( ) Delete  
Name: LEEMON, CHARLES L III  
Address: 15850 BRITTEN LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete  
Name: LEEMON, LINDA L.  
Address: 15850 BRITTEN LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: DT ( ) Delete  
Name: LEEMON, JACQUELYN I.  
Address: 2785 POLO ISLAND DRIVE  
City-St-Zip: WELLINGTON, FL 33414

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACQUELYN I LEEMON

DT

02/13/2009

Electronic Signature of Signing Officer or Director

Date