

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 552485</b>	
1. Entity Name HOLIDAY FOLIAGE, INC.	
Principal Place of Business 27810 HAYWOOD FARM RD OKAHUMPKA, FL 34762 US	Mailing Address P.O. BOX 116 OKAHUMPKA, FL 32762 US



**DO NOT WRITE IN THIS SPACE**

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1817958	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

KNIGHT-CUMMINS, DIANE B.  
16400 LAKE SHORE DR  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	KNIGHT, JOHN C
STREET ADDRESS	25445 PUNKIN CENTER RD
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737

TITLE	P
NAME	KNIGHT-CUMMING, DIANE
STREET ADDRESS	16400 LAKE SHORE DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000253658  
03/07/05-80041-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-05 252-726-2047