

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 552485

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** HOLIDAY FOLIAGE, INC.

**Current Principal Place of Business:**

27810 HAYWOOD FARM RD  
OKAHUMPKA, FL 34762 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 116  
OKAHUMPKA, FL 32762 US

**New Mailing Address:**

**FEI Number:** 59-1817958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

**Title:** V  
**Name:** KNIGHT, JOHN C  
**Address:** 25445 PUNKIN CENTER RD  
**City-St-Zip:** HOWEY IN THE HILLS, FL 34737

**Title:** P  
**Name:** KNIGHT-CUMMING, DIANE  
**Address:** 16400 LAKE SHORE DRIVE  
**City-St-Zip:** CLERMONT, FL 34711

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WAYNE FREEZE

CONT

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date