2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 571078

1. Entity Name

HOLLAND-AMERICA INVESTMENTS CORPORATION



FILED Feb-16, 2004 08:00 AM Secretary of State

Principal Place of Business

606 BALD EAGLE DRIVE, SUITE 500

P. O. BOX ONE MARCO ISLAND, FL 33937 Mailing Address

P. O. BOX ONE

MARCO ISLAND, FL 33937

US



01062004

No Chg-P

CR2E034 (10/03)

January 14, 2004

Daytime Phone #

4. FEI Number 59-1828815 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WOODWARD, CRAIG, R., ESQUIRE 606 BALD EAGLE DR., SUITE 500 ISLAND TOWER BUILDING MARCO ISLAND, FL 33937

SIGNATURE:

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, 2004 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			Ī		
TITLE NAME STREET AODRESS CITY-ST-ZIP	V KUPERUS, HARRY BRAKENTRAAT 2, 5151 GM DRUNEN, NETHERLANDS,				U00000052167 02/16/04-80081-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP	S KUPERUS, ADRIANA. BRAKENTRAAT 2, 5151 GM DRUNEN, NETHERLANDS,				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P KUPERUS, JERRY BRAKENTRAAT 2, 5151 GM DRUNEN, NETHERLANDS, DO NO			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					in the second
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 Invalee 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 life amonument.					

Jerry H.Kuperus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Pres.)

Date