

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004337

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: HOLIDAY FOOD STORES, INC.

## Current Principal Place of Business:

HOUSTON COUNTY  
WARNER ROBINS,, GA 31093

## New Principal Place of Business:

## Current Mailing Address:

C/O THOMAS N. WALDORF (HFS)  
4776 AMELIA ISLAND PKWY UNIT #39  
AMELIA ISLAND, FL 32034

## New Mailing Address:

C/O THOMAS N. WALDORF  
4776 AMELIA ISLAND PKWY UNIT #39  
AMELIA ISLAND, FL 32034

FEI Number: 58-1197791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALDORF, THOMAS N  
4776 AMELIA ISLAND PKWY  
AMELIA ISLAND, FL 32034 US

## Name and Address of New Registered Agent:

WALDORF, THOMAS N  
4776 AMELIA ISLAND PKWY  
UNIT #39 OCEAN PLACE  
AMELIA ISLAND, FL 32034 US

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: THOMAS N. WALDORF

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: WALDORF, THOMAS N  
Address: 4776 AMELIA ISLAND PKWY  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VSD ( ) Delete  
Name: WALDORF, JERRI J  
Address: 4776 AMELIA ISLAND PKWY  
City-St-Zip: AMELIA ISLAND, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: THOMAS N. WALDORF

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date