

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90044 007 \*\*\*150.00

<b>DOCUMENT # F02000004710</b>					
<b>1. Entity Name</b> HOLIDAY GROUP ENT., INC.					
<b>Principal Place of Business</b> 2144 BUFORD HWY., SUITE 211-A BUFORD, GA 30518			<b>Mailing Address</b> 2144 BUFORD HWY., SUITE 211-A BUFORD, GA 30518 <i>* SEE CHANGE</i>		
<b>2. Principal Place of Business</b> 2589 Ivy Plantation Dr. Suite, Apt. #, etc. NE City & State Buford, GA Zip 30519 Country USA		<b>3. Mailing Address</b> 2589 Ivy Plantation Dr. Suite, Apt. #, etc. NE City & State Buford, GA Zip 30519 Country USA			
<b>4. FEI Number</b> 58-2653889				Chg-P      CR2E034 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  FERNANDEZ, JAMES 6101 ORANGE DR., SUITE 6179 DAVIE, FL 33314			<b>7. Name and Address of New Registered Agent</b> Name <u>JAMES MULKEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>2840 NE 22ND AVE</u> City <u>LIGHT HOUSE, PT FL</u> Zip Code <u>33064</u>		
<b>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.</b> SIGNATURE <u>R. J. Morrell Pres.</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/15/05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		1/15/05	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRELL, RICHARD J 2144 BUFORD HWY 211-A BUFORD, GA 30518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Morrell, Richard J. 2589 Ivy Plantation Dr. NE Buford GA 30519	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRELL, JUDY A 2144 BUFORD HWY 211-A BUFORD, GA 30518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morrell, Judy A 2589 Ivy Plantation Dr. NE Buford, GA 30519	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASCARIO, RICHARD 2144 BUFORD HWY #211-A BUFORD, GA 30518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cascario, Richard 2589 Ivy Plantation Dr. NE Buford, GA 30519	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCARIO, DEBORAH 7015 COFFIELD CT CUMMING, GA 30144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Church, Patrick G. 2589 Ivy Plantation Dr. NE Buford, GA 30519	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>R. J. Morrell Pres. R.J. Morrell</u> /14/05 (770) 614-7371					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					