

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007354

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** HOLLIDAY INVESTIGATIVE SERVICES, INC.

**Current Principal Place of Business:**

1341 CANTON ROAD  
H3  
MARIETTA, GA 30066

**New Principal Place of Business:**

**Current Mailing Address:**

1860 SANDY PLAINS RD #204  
MARIETTA, GA 30066

**New Mailing Address:**

**FEI Number:** 30-0130155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERATH, LISA  
10091 FREESIAN WAY  
LAKE WORTH, FL 33467 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:** P  
**Name:** JONES, BUDDY  
**Address:** 1341 CANTON RD., SUITE H3  
**City-St-Zip:** MARIETTA, GA 30066

**Title:** S  
**Name:** HOLLIDAY, LAURIE  
**Address:** 1341 CANTON RD, SUITE H3  
**City-St-Zip:** MARIETTA, GA 30066

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:** BUDDY JONES

PRES

02/02/2011

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

\_\_\_\_\_  
Date