2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F76188

1. Entity Name
HOLIDAY DINETTES, INC.

20027924

Principal Place of Business	Mailing Address
HOLIDAY DINETTAS INC. 111 VOLLMER AVE. OLDSMAR, FL 34677	HOLIDAY DINETTAS INC. 111 VOLLMER AVE. OLDSMAR, FL 34677

02042005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2181562	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEWITT, SCOTT
2412 SAND BAY DRIVE
HOLIDAY, FL 34691

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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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HEWITT, STEVEN
STREET ADDRESS	3385 TARPON WOODS BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685

TITLE	PD
NAME	HEWITT, SCOTT
STREET ADDRESS	2412 SAND BAY DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 of 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.

SIGNATURE: _____   Scott Hewitt   4/5/05   (813) 925-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PRESIDENT   Date   Daytime Phone #