2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# G35597

Entity Name: HOLIDAY BUILDERS, INC.

Current Principal Place of Business:

1801 PENN ST.
SUITE 1-A
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1801 PENN ST.
SUITE 1-A
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-2326805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & A AGENTS, INC. ATTN: MICHAEL YASHKO
2320 FIRST STREET
FORT MYERS, FL 33901 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: ST ( ) Delete
Name: DOSS, BONNIE
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

Title: EVPD ( ) Delete
Name: FADIL, RICHARD
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

Title: AVP ( ) Delete
Name: TUTTLE, RONALD
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

Title: D ( ) Delete
Name: SHELPMAN, KIM
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

Title: AVP ( ) Delete
Name: ASSAM, BRUCE
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

Title: D ( ) Delete
Name: BARTLEY, MARCIA
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change ( ) Addition
Name: ULSAKER, JON
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

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 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: BONNIE DOSS ST 06/23/2009
Electronic Signature of Signing Officer or Director Date