

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35485

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: HOLIDAY VENTURES, INC.

## Current Principal Place of Business:

80051 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

## New Principal Place of Business:

## Current Mailing Address:

412 SHORE DR E  
OLDSMAR, FL 34677 US

## New Mailing Address:

FEI Number: 59-2489142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, DAVID L SR  
412 SHORE DR E  
OLDSMAR, FL 34677 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: HORSCH, KARL RAINER  
Address: 412 SHORE DR E  
City-St-Zip: OLDSMAR, FL 34677

Title: PTD ( ) Delete  
Name: WALLACE, DAVID L SR  
Address: 412 SHORE DRIVE EAST  
City-St-Zip: OLDSMAR, FL 34677

## 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 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: DAVID L. WALLACE

MR.

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date