

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61819

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: HOLIDAY HOMES OF ORLANDO, INC.

## Current Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL  
118A  
ORLANDO, FL #@\*#& US

## Current Mailing Address:

9521 S. ORANGE BLOSSOM TRAIL  
118A  
ORLANDO, FL 32937 US

## New Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL  
STE. 103  
ORLANDO, FL 32837 US

## New Mailing Address:

9521 S. ORANGE BLOSSOM TRAIL  
103  
ORLANDO, FL 32837 US

FEI Number: 59-3014789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, CANDEE J  
9521 S ORANGE BLOSSOM TRAIL  
STE #118A  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

BROOKS, CANDEE J  
9521 S ORANGE BLOSSOM TRAIL  
STE #103  
ORLANDO, FL 32837 US

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: CANDEE J. BROOKS

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: BROOKS, CANDEE JONES  
Address: 5218 ST REGIS PLACE  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: BROOKS, CANDEE JONES  
Address: 5218 ST REGIS PLACE  
City-St-Zip: ORLANDO, FL 32812

## 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 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 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: CANDEE JONES BROOKS

DIR

04/08/2005

Electronic Signature of Signing Officer or Director

Date