2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 08:00 AM DOCUMENT # L75778 **Secretary of State** 1. Entity Name HOLIDAY ACRES, INC. Mailing Address Principal Place of Business 325 HOLIDAY ACRES DR ORLANDO FL 32833 325 HOLIDAY ACRES DR ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3006684 Not Applicab! Zip Zip. Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOSDYCK, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 325 HOLIDAY ACRES DR ORLANDO FL 32833 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when ministating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change inda 🔲 STP Delete HILE HILF FOSDYCK, BEVERLY HAME 1000000225431 NAME STREET ADDRESS 02/11/05-80037-018 150.00 STREET ADDRESS 325 HOLIDAY ACRES DR ORLANDO FL 32833 CHY-ST-ZP CITY - 51 - 782 Addition Change TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREFT ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition of Change HILLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - INP CHY-\$1-789 Change Addition HILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete IIILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THILE [Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZIP

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 or 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

SIGNATURE

. 09,2005

FILED