

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 030 ****61.25

DOCUMENT # N99000002595

1. Entity Name

HOLIDAY TRAVEL PARK WOOD CARVERS, INC.



Principal Place of Business

4699 CONTINENTAL DRIVE
LOT #523
HOLIDAY FL 34690

Mailing Address

4699 CONTINENTAL DRIVE
LOT #523
HOLIDAY FL 34690

2. Principal Place of Business

4699 Continental Dr.

3. Mailing Address

4699 Continental Dr.

Suite, Apt. #, etc.

Lot # 523

Suite, Apt. #, etc.

Lot # 523

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34690

Country

Zip

34690

Country

4. FEI Number

59-3586109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

APPLETON, BILLY G
4699 CONTINENTAL DRIVE
LOT #523
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME HIEKE, GUENTER
STREET ADDRESS 3330 CHERRY HILL CT.
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE VP
NAME WIDMANN, CONNIE
STREET ADDRESS 4036 SUNRAY DRIVE
CITY-ST-ZIP HOLIDAY FL 34691 ☒ Delete

TITLE T
NAME TREBUS, MARTIN
STREET ADDRESS 4699 CONTINENTAL DR., LOT 360
CITY-ST-ZIP HOLIDAY FL 34690 ☒ Delete

TITLE S
NAME JACOBS, DICK
STREET ADDRESS 4699 CONTINENTAL DR. LOT 86
CITY-ST-ZIP HOLIDAY FL 34690 ☐ Delete

TITLE D
NAME SPINA, ANTHONY
STREET ADDRESS 1833 VICEROY LANE
CITY-ST-ZIP HOLIDAY FL 34690 ☒ Delete

TITLE D
NAME MORENA, BOB
STREET ADDRESS 7827 BECKET STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V P
NAME Ed Roy
STREET ADDRESS 1443 Winding Willow Dr.
CITY-ST-ZIP Trinity, FL 34655 ☐ Change ☒ Addition

TITLE T
NAME John Davis
STREET ADDRESS 2510 Lake Haven Dr.
CITY-ST-ZIP New Port Richey, FL 34655 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Martin Trebus
STREET ADDRESS 4699 Continental Dr., Lot 360
CITY-ST-ZIP Holiday, FL 34690 ☐ Change ☒ Addition

TITLE D
NAME Jim Burge
STREET ADDRESS 4699 Continental Dr., Lot 345
CITY-ST-ZIP Holiday, FL 34690 ☐ Change ☒ Addition

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 617, 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:

John F Davis John F. Davis

4/6/05

(727) 834-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #