

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90011 010 ***150.00

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1. Entity Name
HOLIDAY STUDIO RENTALS, INC.



Principal Place of Business

**6500 HOFFNER AVE.
ORLANDO, FL 32822**

Mailing Address

**11473 PENROSE ST
SUN VALLEY, CA 91352**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3347350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 E 6TH AVE
TALLAHASSEE, FL 32303**

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IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BAILEY, ROBERT N
113 EL PORTO ST
MANHATTAN BEACH, CA 90266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
BAILEY, CAROLE A
113 EL PORTO SR
MANHATTAN BEACH, CA 90266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BOTT, STEPHEN E
26812 NEFF CT
CANYON COUNTRY, CA 91351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen E. Bott 3/17/05 818-252-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #