	OFIT CORPORATION	Jan 11, 2008 8:00 am			
DOCUMENT # P00000069057 I. Entity Name HOLIDAY ELECTRIC, INC.			Secretary of State 01-11-2008 90062 025 ***150.00		
Principal Place of Business 5021 MILE STRETCH DR HOLIDAY, FL. 34690	Mailing Address 5021 Mile Stretch DR HOLIDAY, FL 34690				
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Principal Plac	e of Busines	s	Mailing Address		<u> </u>		1				
5021 MILE S HOLIDAY, FL		!	5021 MILE STR HOLIDAY, FL 3								
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing Addres	\$						ANG BANDI ANG IAI	IEU II IIEI
Suite, Apt.	#, etc.		Suite, Apt. #, et	c.			01042008	Chg-P	CR2E	0,34 (12/06)	
City & Stat	e		City & State				4. FEI Numb 59-366				plied For at Applicable
Zip		Country	Zip	Cour	ntry		5. Certificate	of Status Desired		\$8.75 Add	
,	∽6. Name	and Address of Current	Registered Agent		I		7. Name and	Address of New R	lagisterod	Agent	
					Name Sa 1	110	otte Do	nald J			
SALLIOTT 6932 LARG								er is Not Acceptable	9)		
		Y, FL 34652						· · · · · · · · · · · · · · · · · · ·			
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		· · · · · · · · · · · · · · · · · · ·			City New	Po	ort Ric	hev	FL	- 3465	₅ 3
	named entit tions of regis	y submits this statement for tered agent.	or the purpose of chan	ging its register	ed office or re	gister	red agent, or bo	th, in the State of Fk	orida. I am		
SIGNATURE.											
,	Signature typed	for printed name of registered agent	and title if applicable.	(NOTE: Registers	d Agent signature	required	d when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.		Campaign Finar nd Contribution,			.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	L CHANGES TO OFF	ICERS AN	D DIRECTOR	\$ IN 11
TITLE	PSD		☐ Dele			SD				⊠ Change	Addition
NAME STREET ADDRESS		TE, DONALD J CCHMONT AVE.		NAM	E S EETADORESS 7	al.	liotte 2 Bail]	Donald J	Г		
CITY-ST-ZIP		RT RICHEY, FL 34653						Richey Fl	346	53	
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	L	a information expolind with	this filing does not a				 Li- Ob ***			-74 -14 -1-11 -1	

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 AND TYPED OR PROUTED HAME OF BROWNING OFFICER OR DIRECTOR		Continue Phone 8
SIGNATURE: Vando & Lulio Donald J SAlliotte	01/08/08	727-938-7370