

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076878

FILED
Feb 23, 2009
Secretary of State

Entity Name: HOLIDAY HOUSE DISTRIBUTING, INC.

Current Principal Place of Business:

5528 LAND O LAKES BLVD
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

PO BOX 1439
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3665101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKLER, BERNARD
5528 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINKLER, LYNN
Address: P.O. BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: WINKLER, BERNARD
Address: P.O. BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: WINKLER, LYNN
Address: P.O. BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

Title: PRES (X) Change () Addition
Name: WINKLER, BERNARD
Address: P.O. BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BERNARD WINKLER

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date