

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90003 006 ***150.00

DOCUMENT # P01000011773

1. Entity Name
HOLIDAY AMUSEMENT, INC.



Principal Place of Business

~~211 SOUTH DALE MABRY~~
~~TAMPA, FL 33609~~
~~12106 Okachobee Rd.~~
~~Ft. Pierce, FL 34945~~

Mailing Address

~~211 SOUTH DALE MABRY~~
~~TAMPA, FL 33609~~
~~12106 Okachobee Rd.~~
~~Ft. Pierce, FL 34945~~

44046251



05102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3696241
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~VANHULL, JOHN~~
~~211 SOUTH DALE MABRY~~
~~TAMPA, FL 33609~~
~~12106 Okachobee Rd.~~
~~Ft. Pierce, FL 34945~~

**DO NOT WRITE
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

John VanHull

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/31/04
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VANHULL, JOHN
STREET ADDRESS ~~211 SOUTH DALE MABRY~~ 12106 Okachobee Rd.
CITY-ST-ZIP ~~TAMPA, FL 33609~~ Ft. Pierce, FL 34945

TITLE VTD
NAME VANHULL, JACOB
STREET ADDRESS ~~211 SOUTH DALE MABRY~~ 12106 Okachobee Rd.
CITY-ST-ZIP ~~TAMPA, FL 33609~~ Ft. Pierce, FL 34945

TITLE VSD
NAME VANHULL, SAMUEL
STREET ADDRESS ~~211 SOUTH DALE MABRY~~ 12106 Okachobee Rd.
CITY-ST-ZIP ~~TAMPA, FL 33609~~ Ft. Pierce, FL 34945

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:

John VanHull Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John VanHull

5/31/04

Date

813-875-0810

Daytime Phone #