

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90396 011 ***150.00

DOCUMENT # P01000011773

1. Entity Name
HOLIDAY AMUSEMENT, INC.



Principal Place of Business
**12106 OKACHOBEE RD
FORT PIERCE, FL 34945**

Mailing Address
**12106 OKACHOBEE RD
FORT PIERCE, FL 34945**

50038890



03292005 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
12106 OKACHOBEE ROAD
FORT 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

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 PD
NAME VANHULL, JOHN
STREET ADDRESS 12106 OKACHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE VTD
NAME VANHULL, JACOB
STREET ADDRESS 12106 OKACHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE VSD
NAME VANHULL, SAMUEL
STREET ADDRESS 12106 OKACHOBEE ROAD
CITY-ST-ZIP FORT 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

Daytime Phone #

**40 813-
818-4450**