

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90073 041 ***150.00

DOCUMENT # P01000022470

1. Entity Name

IDENTITY HOLIDAYS, INC.



Principal Place of Business

~~10041 PINES BLVD~~
~~SUITE D~~
PEMBROKE PINES FL 33024

Mailing Address

~~10041 PINES BLVD~~
~~SUITE D~~
PEMBROKE PINES FL 33024

2. Principal Place of Business

1535 Jackson St

Suite, Apt. #, etc.

Travel Gallery

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Address

1535 Jackson St

Suite, Apt. #, etc.

Travel Gallery

City & State

Hollywood, FL

Zip

33020

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1083512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODD, MAY

~~10041 PINES BLVD~~
~~PEMBROKE PINES FL 33024~~

7. Name and Address of New Registered Agent

Name

Todd May

Street Address (P.O. Box Number is Not Acceptable)

1535 Jackson St.

City

Hollywood

FL

Zip Code

33020

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 obligation of, registered agent.

SIGNATURE

Todd L. May

President

4/20/04

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, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MAY, TODD
STREET ADDRESS 10041 PINES BLVD, SUITE D
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☒ Delete
NAME CRUTCHFIELD, AMY
STREET ADDRESS 16503 SW 2ND DR
CITY-ST-ZIP HOLLYWOOD FL 33027-1050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME May, Todd L.
STREET ADDRESS 1535 Jackson St
CITY-ST-ZIP Hollywood, FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Todd L. May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 954-432-0800

Date

Daytime Phone #