2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2005-90143-029-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 28 AM 10: 31

DOCUMENT # P01000067441

1. Entity Name
HOLIDAY RENTAL COMPANY, INC.

Principal Place of Business	Mailing Address
1104 N. COLLIER BLVD. MARCO ISLAND, FL 33145	~~1104 N. COLLIER BLVD.~~ P.O. Box 12 MARCO ISLAND, FL 33146

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 1295
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Marco Island FL
Zip / Country	Zip: 34146 / Country: Collier

4. FEI Number: 59-3731919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEATTY, DIANE M
1160 FOURWINDS AVENUE
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BEATTY, ORANE 1160 FOURWINDS AVE MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Diane M. Beatty — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/18/05 Date — 3946349 Daytime Phone #

To Whom it may Concern

I received this form in August from my lawyer. When it arrived in the mail the form was ripped and wet and the envelope was almost completely off. It was put into my mailbox in a new enveloped not mailed.

I did send you this letter when I mailed in the $150.00 explaining that I had not received until August but when I called yesterday they told me to write another because it wasn't with my paperwork.

Thank You

Jane Beatty