2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2005
Secretary of State

DOCUMENT# P02000007699

Entity Name: HOLLIDAY MARTIN, INC.

Current Principal Place of Business:

575 FRED GAMBLE WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

575 FRED GAMBLE WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 03-0415133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, DAVID A
501 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 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: MARTIN, BENJAMIN
Address: 575 FRED GAMBLE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MARTIN, NELLEDA
Address: 575 FRED GAMBLE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: P ( ) Delete
Name: PAYNE, NATALIE B
Address: 6062 PROCTOR ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: S/T ( ) Delete
Name: MARTIN, MELANIE A
Address: 3016 KEVIN STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELANIE MARTIN S/T 05/15/2005

Electronic Signature of Signing Officer or Director Date