

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000007699

Entity Name: HOLLIDAY MARTIN, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARTIN, BENJAMIN  
Address: 575 FRED GAMBLE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby 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 all other like empowered.

SIGNATURE: MELANIE MARTIN

S/T

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date