

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000030268

1. Entity Name  
HOLIDAY CHARITIES & PROMOTIONS, INC.



Principal Place of Business  
5805 WASHINGTON ST, STE 16  
HOLLYWOOD, FL 33023

Mailing Address  
PO BOX 187  
DANIA BEACH, FL 33004



D3082005 No Chg-P CR2ED34 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FBI Number<br>01-0633579                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

GOLER, ROBERT C  
5805 WASHINGTON ST, STE 16  
HOLLYWOOD, FL 33023

**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 of the person filing this statement and the corporation

NOTE: Registered Agent signature required when appointing

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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>GOLER, ROBERT C<br>5805 WASHINGTON ST, STE 16<br>HOLLYWOOD, FL 33023 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
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03/16/05-80019-018 150.00

**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)(f), 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:

*Robert C Goler* - ROBERT C GOLER / PRESIDENT

3/8/05

954-986-0279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #