


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90071 043 \*\*\*150.00

<b>DOCUMENT # P03000010464</b> 1. Entity Name <b>HOLIDAY MANOR COMMUNITY WATER SYSTEM, INC.</b>			
Principal Place of Business <b>93 3RD ST. HOLIDAY MANOR FL 33844</b>		Mailing Address <b>93 HOLIDAY MANOR HOLIDAY MANOR FL 33844</b>	
2. Principal Place of Business <b>341 Edna Holliday Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>341 Edna Holliday Dr</b> Suite, Apt. #, etc.	
City & State <b>Haines City FL</b> Zip <b>33844</b> Country <b>PolK</b>		City & State <b>Haines City FL</b> Zip <b>33844</b> Country <b>PolK</b>	
4. FEI Number <b>65-1175523</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>MARTIN, NELLEDA 93 3RD ST. HOLIDAY MANOR FL 33844</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MARTIN, NELLEDA</b> <b>RT. 2 BOX 93</b> <b>HAINES CITY FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, BENJAMIN</b> <b>RT. 2 BOX 93</b> <b>HAINES CITY FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PAYNE, NATALIE M</b> <b>RT. 2, BOX 93</b> <b>HAINES CITY FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MARTIN, MELANIE</b> <b>RT. 2, BOX 93</b> <b>HAINES CITY FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, ROMERO</b> <b>RT. 2, BOX 93</b> <b>HAINES CITY FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, JEREMY</b> <b>RT. 2, BOX 93</b> <b>HAINES CITY FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE: Nelleda J Martin (Nelleda J. Martin)</b> <b>04-01-05</b> <b>863-4225659</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			