

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107299

FILED
Feb 13, 2009
Secretary of State

Entity Name: HOLIDAY ORGANIZATION OF FLORIDA, INC.

Current Principal Place of Business:

200 CONGRESS PARK DRIVE, SUITE 206
DELRAY BEACH, FL 33445

New Principal Place of Business:

4421 COLONY VIEW DRIVE
LAKE WORTH, FL 33463

Current Mailing Address:

200 CONGRESS PARK DRIVE, SUITE 206
DELRAY BEACH, FL 33445

New Mailing Address:

4421 COLONY VIEW DRIVE
LAKE WORTH, FL 33463

FEI Number: 59-0247775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 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: CEO () Delete
Name: MONTER, GERALD
Address: 200 CONGRESS PARK DRIVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: MONTER, ELLIOT
Address: 200 CONGRESS PARK DRIVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD () Delete
Name: MONTER, MARILYN
Address: 200 CONGRESS PARK DRIVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: HALBERG, CHARLES
Address: 200 CONGRESS PARK DRIVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: SPIRIO, RICHARD
Address: 200 CONGRESS PARK DRIVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33445

Title: CFO () Delete
Name: CHASE, JOSEPH
Address: 200 CONGRESS PARK DRIVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33445

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:

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 exemption stated in Chapter 119, 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: MARILYN MONTER

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date