

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 023 ***150.00

DOCUMENT # P03000127399

1. Entity Name
JOE HOLLIDAY CONSTRUCTION, INC.



Principal Place of Business: **1202 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444 US**
 Mailing Address: **1202 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **35-2219503**
 Applied For: Not Applicable

City & State

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD** Delete
 NAME: **HOLLIDAY, JOSEPH M**
 STREET ADDRESS: **1202 HUNTINGTON RIDGE ROAD**
 CITY-ST-ZIP: **LYNN HAVEN, FL 32444**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VPD** Delete
 NAME: **HOLLIDAY, JOSEPH K**
 STREET ADDRESS: **1202 HUNTINGTON RIDGE ROAD**
 CITY-ST-ZIP: **LYNN HAVEN, FL 32444**

TITLE: Change Addition
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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.

SIGNATURE: *Joseph M Holliday*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-4-2004 8:50-271-8199
 Date Daytime Phone #