

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076242

1. Entity Name
HOLIDAY A/C SERVICES, INC.



FILED
Apr 26, 2007 08:00 AM
Secretary of State

Principal Place of Business
17595 S TAMiami TR SUITE 200.12
FT MYERS, FL 33908

Mailing Address
17595 S TAMiami TR SUITE 200.12
FT MYERS, FL 33908



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0543349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARINO, GREGG
17595 S. TAMiami TRAIL
200-12
FT MYERS, FL 33908

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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, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CULVAHOUSE, CHAD
STREET ADDRESS	19236 CYPRESS VISTA CR
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	V
NAME	CULVAHOUSE, PENNY
STREET ADDRESS	19236 CYPRESS VISTA CR
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000734628
05/10/07-80001-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **4/23/07** **239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #