

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076242

FILED
Mar 11, 2009
Secretary of State

Entity Name: HOLIDAY A/C SERVICES, INC.

Current Principal Place of Business:

17595 S TAMIAMI TR SUITE 200.12
FT MYERS, FL 33908

New Principal Place of Business:

17595 S TAMIAMI TR SUITE 200.20
FT MYERS, FL 33908

Current Mailing Address:

17595 S TAMIAMI TR SUITE 200.12
FT MYERS, FL 33908

New Mailing Address:

17595 S TAMIAMI TR SUITE 200.20
FT MYERS, FL 33908

FEI Number: 51-0543349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULVAHOUSE, CHAD
17595 S. TAMIAMI TRAIL
200-12
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

CULVAHOUSE, CHAD
17595 S. TAMIAMI TRAIL
200-20
FT MYERS, FL 33908 US

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: CHAD CULVAHOUSE

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CULVAHOUSE, CHAD
Address: 19236 CYPRESS VISTA CIR
City-St-Zip: FORT MYERS, FL 33912

Title: VS () Delete
Name: CULVAHOUSE, PENNY
Address: 19236 CYPRESS VISTA CR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CULVAHOUSE, CHAD
Address: 19236 CYPRESS VISTA CIR
City-St-Zip: FORT MYERS, FL 33967

Title: VS (X) Change () Addition
Name: CULVAHOUSE, PENNY
Address: 19236 CYPRESS VISTA CR
City-St-Zip: FORT MYERS, FL 33967

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: PENNY CULVAHOUSE

VP

03/11/2009

Electronic Signature of Signing Officer or Director

Date