

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095967

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: HOLIDAYLINX CORP.

**Current Principal Place of Business:**

5685 YOUNGQUIST RD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

5685 YOUNGQUIST RD  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 20-5246670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRODERICK, ED  
5685 YOUNGQUIST RD  
FORT MYERS, FL 33912 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: PRES ( ) Delete  
Name: BRODERICK, RICHARD  
Address: 1829 WINDING OAKS WAY  
City-St-Zip: NAPLES, FL 34109

Title: SEC ( ) Delete  
Name: BRODERICK, DIANNE  
Address: 1829 WINDING OAKS  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: BRODERICK, GARY  
Address: 23469 OLDE MEADOWBROOK  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TREA ( ) Delete  
Name: BRODERICK, ED  
Address: 831 SW 31ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

**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:

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: ED BRODERICK

MR.

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date