

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040098

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: HOLIDAY TRANSPORTATION INC.

## Current Principal Place of Business:

3004 PARKWAY BLVD, APT 304  
KISSIMMEE, FL 34747 US

## New Principal Place of Business:

3004 PARKWAY BLVD  
APT 304  
KISSIMMEE, FL 34747 US

## Current Mailing Address:

PO BOX 691586  
ORLANDO, FL 32869 US

## New Mailing Address:

3004 PARKWAY BLVD  
APT 304  
KISSIMMEE, FL 34747 US

FEI Number: 20-8738792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALI, SYED Q  
3004 PARKWAY BLV  
APT. 304  
KISSIMMEE, FL 34747 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: P ( ) Delete  
Name: ALI, SYED Q  
Address: PO BOX 691586  
City-St-Zip: ORLANDO, FL 32869 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALI, SYED Q  
Address: 3004 PARKWAY BLVD.APT 304  
City-St-Zip: KISSIMMEE, FL 34747 US

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: SYED Q ALI

MR

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date