


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000015879  
1. Entity Name  
HOLIDAYS OF JACKSONVILLE, INC.



Principal Place of Business: 839 IONIA ST, JACKSONVILLE, FL 32202  
Mailing Address: P.O. BOX 17094, JACKSONVILLE, FL 32245

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)  
4. FEI Number: 59-3426089 Applied For: Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MICHAELS, ARNOLD J  
1046 PARK ST.  
JACKSONVILLE, FL 32204

**DO NOT WRITE IN THIS SPACE**

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: *Arnold J. Michaels* DATE: 4-5-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MICHAELS, ARNOLD J 1046 PARK ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT ROSENBERG, JERALD 1046 PARK ST. JACKSONVILLE, FL 32204
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04/06/05-80057-016 150.00

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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: *Arnold J. Michaels* DATE: 4-5-05 DAYTIME PHONE: 904 759-0882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR