

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000027749**

**1. Entity Name**  
**HOLIDAY DESTINATIONS UNLIMITED, INC.**



**Principal Place of Business**  
2878 SE WILTSHIRE TERR  
PORT ST. LUCIE, FL 34952

**Mailing Address**  
2878 SE WILTSHIRE TERR  
PORT ST. LUCIE, FL 34952



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-0810533

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHNSON, RONALD P  
2878 SE WILTSHIRE TERR  
PORT ST. LUCIE, FL 34952

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000073511  
03/02/04-80039-010 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	JOHNSON, RONALD
<b>STREET ADDRESS</b>	2878 SE WILTSHIRE TERR
<b>CITY-ST-ZIP</b>	PORT ST LUCIE, FL 34952
<b>TITLE</b>	VPS
<b>NAME</b>	DALLAS, STEPHANIE
<b>STREET ADDRESS</b>	2878 SE WILTSHIRE TERR
<b>CITY-ST-ZIP</b>	PORT ST LUCIE, FL 34952
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Stephanie Dallas* **STEPHANIE DALLAS** *2/27/04* **772-337-2934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #