

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000055200 1. Entity Name HOLIDAY PLANT DISTRIBUTORS, INC.					
Principal Place of Business 22821 SW 189 AVE MIAMI FL 33170 US			Mailing Address 22821 SW 189 AVE MIAMI FL 33170 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0763192	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAFONT, WILLIAM PSD 22821 SW 189 AVE MIAMI FL 33170				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 the if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May L Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAFONT, WILLIAM 22821 SW 189 AVE MIAMI FL 33170 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000488116 04/14/06 80022-003 150.00 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06 305-247-0415
Date Day, mo Phone #