## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 01, 2007 08:00 A **Secretary of State** DOCUMENT # P98000095162 MICHAEL D. HOLLIDAY, P.A. Principal Place of Business Mailing Address 2351 W. EAU GALLIE BLVD. STE. 5 2351 W. EAU GALLIE BLVD. STE. 5 MELBOURNE, FL 32935 MELBOURNE, FL 32935 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLIDAY, MICHAEL D DO NOT WRITE 2351 W. EAU GALLIE BLVD. STE. 5 MELBOURNE, FL 32935 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 (NOTE: Registered Agent signature required when reinstating) DATE Surnature, typed or priviled name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HOLLIDAY, MICHAEL D NAME U00000651986 2351 W. EAU GALLIE BLVD. STE. 5 STREET ADDRESS กล/ก็คิ/ก็วี-คิกก็วีคี-ก24 15ก.กก MELBOURNE, FL 32935 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained 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 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 of the corporation or the receiver or trustee changed, or on an attachment with an add

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

**FILED**