

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90221 029 ***150.00

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1. Entity Name

HOLIDAY ROD & REELS, INC.



Principal Place of Business

3691 ST RD 580
#D
OLDSMAR FL 34677
US

Mailing Address

P.O. BOX 202
OLDSMAR FL 34677-0202

2. Principal Place of Business

180 RACE TRACK Rd
A SHED EAST 10x11

3. Mailing Address

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

Zip

34677

Country

USA

Country

4. FEI Number

59-3572013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIFE, GUY M
3691 ST RD 580 WEST
UNIT D
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KNIFE, GUY M
STREET ADDRESS 3691 ST RD 580 WEST UNIT D
CITY-ST-ZIP OLDSMAR FL 34677

TITLE TSD ☐ Delete
NAME KNIFE, PENNY M
STREET ADDRESS 180 RACE TRACK RD. #E 6,7,8
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Penny M Knipe, OWNER

Date

Daytime Phone #

352-628-426-04 6622