

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90024 044 \*\*\*150.00



**DOCUMENT # 545008**

1. Entity Name

WILDCAT HOLLOW, INC.

Principal Place of Business  
 10543 N. BIG BASS TRAIL  
 DUNNELLON FL 34434

Mailing Address  
 10543 N. BIG BASS TRAIL  
 DUNNELLON FL 34434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

City & State

4. FEI Number  
**NO-T APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, DAVID M.  
 125 NIX BOAT YARD RD  
 SAINT AUGUSTINE FL 32084

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 date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREWS, DAVID M.	
STREET ADDRESS	125 NIX BOAT YARD RD.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HAINES, ADA	
STREET ADDRESS	10543 N. BIG BASS TRAIL	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, KATHERINE	
STREET ADDRESS	PO BOX 867	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITHERELL, WINDER	
STREET ADDRESS	CLAYTON STREET	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ada A. Haines* ADA A. HAINES

2-11-08 352-465-6642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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