


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02496 1. Entity Name HOLLIS ROOFING, INC.	
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Principal Place of Business 213 CONWAY DR COLUMBUS, MS 39702 US	Mailing Address P.O. BOX 2229 COLUMBUS, MS 39704
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DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 64-0587861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLLIS, JOE D. 213 CONWAY DRIVE COLUMBUS, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOLLIS, KAREN B. 213 CONWAY DRIVE COLUMBUS, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARNER, RICHARD L. 231 CONWAY DRIVE COLUMBUS, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLLIS, J. BRIAN 213 CONWAY DR COLUMBUS, MS 39702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/26/06-80091-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Hollis* **Karen Hollis** **4/6/06** **662-327-4590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #