
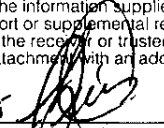


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90052 031 ***150.00

DOCUMENT # P06000001316 1. Entity Name HOLLY TRUCK SERVICE INC			
Principal Place of Business 3645 29TH AVE NE NAPLES, FL 34120		Mailing Address 3645 29TH AVE NE NAPLES, FL 34120	
2. Principal Place of Business - No P.O. Box # 4453 43RD AVE NE Suite, Apt. #, etc.		3. Mailing Address 4453 43RD AVE NE Suite, Apt. #, etc.	
City & State Naples, FL Zip 34120		City & State Naples, FL Zip 34120	
Country		Country	
4. FEI Number 20-4045272		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
-- 6: Name and Address of Current Registered Agent -- ROSARIO, JOSE L 3645 29TH AVE NE NAPLES, FL 34120		7. Name and Address of New Registered Agent -- Name ROSARIO, JOSE L Street Address (P.O. Box Number is Not Acceptable) 4453 43RD AVE NE City NAPLES FL Zip Code 34120	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSARIO, JOSE L 3645 29TH AVE NE NAPLES, FL 34120	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4453 43RD AVE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASIP, RITA M 3645 29TH AVE NE NAPLES, FL 34120	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Jose Luis Rosario	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/15/07 Daytime Phone #	

40021544



02152007 Chg-P CR2E034 (12/06)