

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 12, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 134081**

1. Entity Name  
**HOLLEY, INC.**



Principal Place of Business  
**705 MABRY STREET  
TALLAHASSEE, FL 32304 US**

Mailing Address  
**P O BOX 2255  
TALLAHASSEE, FL 32316 US**



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0286710**

Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**HOLLEY, III, WILLIAM C.  
1060 MACLAY RD.  
TALLAHASSEE, FL 32312**

**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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HOLLEY III, WILLIAM C
STREET ADDRESS	1060 MACLAY RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	HOLLEY, ESSIE W.
STREET ADDRESS	21 W A ROGERS
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	VSD
NAME	HOLLEY, KENNETH B.
STREET ADDRESS	1124 REHWINKEL ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	HOLLEY, WM. C., JR.
STREET ADDRESS	21 W A ROGERS
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	T
NAME	HOLLEY, NANCY M
STREET ADDRESS	1060 MACLAY RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000300315  
04/12/05-80015-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William C. Holley III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**4/5/05**

Date

**850-576-2131**

Daytime Phone #