


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 025 ***150.00

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DOCUMENT # 190985 1. Entity Name HOLLAND SALLEY, INC.					
Principal Place of Business 2975 S. HORSESHOE DRIVE STE. 800 NAPLES, FL 33942			Mailing Address 2975 S. HORSESHOE DRIVE STE. 800 NAPLES, FL 33942		
2. Principal Place of Business 633 Ninth St. N. Suite, Apt. #, etc. 200		3. Mailing Address 633 Ninth St. N. Suite, Apt. #, etc. 200			
City & State Naples FL		City & State Naples, FL		4. FEI Number 59-0761340	
Zip 34102		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALLEY, HOLLAND T 1661 GALLEON DRIVE NAPLES, FL 33940				7. Name and Address of New Registered Agent Name Salley, Holland T Street Address (P.O. Box Number is Not Acceptable) 800 S. GOLF DRIVE Apt. # 102 City Naples FL Zip Code 34102	
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 <u>William J. Baker Controller</u> DATE <u>4-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CT SALLEY, HOLLAND 1661 GALLEON DR NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALLEY, STEPHEN G 235 SPRING LK HILLS DR. ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY MICHAEL J 8024 SAN SIMEON WAY NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Michael J. Ray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04-12-05</u> Daytime Phone # <u>239-261-7464</u>		