## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 04, 2005 08:00 AM **DOCUMENT # 429137 Secretary of State** 1. Entity Name HOLLENBERG FARMS, INC. Mailing Address Principal Place of Business .\_\_ ... 320 HOLLENBERG ROAD SEBRING FL 33872 320 HOLLENBERG ROAD SEBRING FL 33875 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1467367 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUTKOSKY, EDNA Street Address (P.O. Box Number is Not Acceptable) 320 HOLLENBERG ROAD SEBRING FL 33875 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition THE Delete\_ TITLE HOLLENBERG, J RALPH NAME NAME CORNER KEARLEY&ROOSEVELT STREET ADDRESS STREET ADDRESS U000000251616 CITY-ST-ZIP SEBRING, FL 00000 CITY-ST-ZIP 150.00 Change Addition ☐ Delete HHE NAME SWANK, VIOLA E. 5040 OAK CIRCLE SIBELLADDRESS STREET ADDRESS CHY St-ZE CITY ST-ZIP SEBRING FL 33875 ☐ Change ☐ Addition 🔲 Delete 11111 NAME RUTKOSKY, EDNA M NAME STREET ADDRESS STREET ADDRESS 320 HOLLENBERG ROAD CITY - ST-2IP CITY-ST-ZIP SEBRING FL Change ☐ Addition Delete DITE LIGHT, DOROTHY F. NAME STREET ADDRESS 3898 PAWNEE STREET STREET ADDRESS COLUMBIA PA CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change ☐ Addition Delete HILE MAME NAME STREET ADDRESS DIRECT ADDRESS CHTY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ner TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY 51-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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.

EdNA RUHNOSKY

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