

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90512 024 ***150.00

DOCUMENT # 539899	
1. Entity Name HANK HOLLAND PROPERTY MANAGEMENT, INC.	

Principal Place of Business 1550 CREIGHTON RD SUITE 3 PENSACOLA FL 32504	Mailing Address 1550 CREIGHTON RD SUITE 3 PENSACOLA FL 32504
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2. Principal Place of Business 110 Beverly Parkway	3. Mailing Address 110 Beverly Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32505	Country
Country	Zip 32505
Country	Country



MOORE CR2E034 (11/03)-

4. FEI Number 59-1751896		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		7. Name and Address of New Registered Agent
HOLLAND, CECIL H 1550 CREIGHTON RD SUITE 3 PENSACOLA FL 32504		Name Cecil H Holland
		Street Address (P.O. Box Number is Not Acceptable) 110 Beverly Parkway
		Pensacola, FL 32505
		City Pensacola FL Zip Code 32505

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 *Cecil H Holland* **Cecil H Holland** DATE **4-22-2004**

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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOLLAND, CECIL H.		NAME	
STREET ADDRESS 5740 TALQUIN AVE.		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32526		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HAGENSICK, BRIAN H		NAME	
STREET ADDRESS 2526 BAYOU BLVD.		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32503		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Hank Holland* **Hank Holland** Date **4/22/2004** Daytime Phone # **(850) 478-6444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR