


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90512 024 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # 539899</b>  |  |
| 1. Entity Name<br><b>HANK HOLLAND PROPERTY MANAGEMENT, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1550 CREIGHTON RD<br/>SUITE 3<br/>PENSACOLA FL 32504</b> | Mailing Address<br><b>1550 CREIGHTON RD<br/>SUITE 3<br/>PENSACOLA FL 32504</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>110 Beverly Parkway</b> | 3. Mailing Address<br><b>110 Beverly Parkway</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Pensacola, FL</b> | City & State<br><b>Pensacola, FL</b> |
| Zip<br><b>32505</b>                  | Country                              |
| Country                              | Zip<br><b>32505</b>                  |
| Country                              | Country                              |



MOORE CR2E034 (11/03)-

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HOLLAND, CECIL H<br/>1550 CREIGHTON RD<br/>SUITE 3<br/>PENSACOLA FL 32504</b> |  |
|---|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent                                      |  |
| Name<br><b>Cecil H Holland</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>110 Beverly Parkway</b> |  |
| <b>Pensacola, FL 32505</b>   |  |
| City<br><b>Pensacola</b>   | Zip Code<br><b>FL 32505</b>                            |

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

| 10. OFFICERS AND DIRECTORS                 |                                 |
|--|---------------------------------|
| TITLE<br><b>P</b>                          | <input type="checkbox"/> Delete |
| NAME<br><b>HOLLAND, CECIL H.</b>           |                                 |
| STREET ADDRESS<br><b>5740 TALQUIN AVE.</b> |                                 |
| CITY-ST-ZIP<br><b>PENSACOLA FL 32526</b>   |                                 |
| TITLE<br><b>VP</b>                         | <input type="checkbox"/> Delete |
| NAME<br><b>HAGENSICK, BRIAN H</b>          |                                 |
| STREET ADDRESS<br><b>2526 BAYOU BLVD.</b>  |                                 |
| CITY-ST-ZIP<br><b>PENSACOLA FL 32503</b>   |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| 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