## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Aug 19, 2005 8:00 am Secretary of State

DOCUMENT # 539899  1. Entity Name HANK HOLLAND PROPERTY MANAGEMENT, INC.						08-19-2005	90009 016 ***55	0.00
Principal Place	e of Business	Mailing Address		L				
110 BEVERLY PARKWAY PENSACOLA, FL 32505		110 BEVERLY PARKWAY PENSACOLA, FL 32505					5006248	5
						) 		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005	Chg-P	CR2E034 (10/03)	)	
City & State		City & State			4. FEI Numbe 59-175		<b>⊢</b>	Applied For
Zip Country		Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Fee Requir	ed
o. Halle sile Address of Parish Hogistered Agent				Name	T. Hamo and	Addition of New Y	ragistered Agont	
HOLLAND, CECIL H 110 BEVERLY PARKWAY PENSACOLA, FL 32505				Street Address (P.O. Box Number is Not Acceptable)				
FENGACO								
				City			FL Zip Co	de
SIGNATURE	Signature, typed of printer name of projectered agent  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	and title if applicable. (NOT	re. Registere	ncing §	\$5.00 May Be Added to Fees	A	ugust 16, 20	005
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, CECIL H. 5740 TALQUIN AVE. PENSACOLA, FL 32526	☐ Delete	TITUI NAM STRE		ACCITACION .	OFF WILLS TO SE	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGENSICK, BRIAN H 2526 BAYOU BLVD. PENSACOLA, FL 32503	XX Delete			· .		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	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 attackment with an address with all other like empowered. SIGNATURE: CCL SIGNATURE AND T

olland Cecil H Holland

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 478-6444

Date Daytime Phone #