


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 597589 1. Entity Name HOLLOWAY CORPORATION	
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Principal Place of Business 3519 228 TERRACE LAKE CITY, FL 32024 US	Mailing Address 3519 228 TERRACE LAKE CITY, FL 32024 US
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DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1869674	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 CHESHIRE, CLAUD CHARLES 1401 - 77TH AVENUE, NORTH ST PETERSBURG, FL 33702	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHESHIRE, WALTER M 3519 228 TERR LAKE CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CHESHIRE, WALTER M 3519 228 TERRACE LAKE CITY, FL 32024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHESHIRE, CHARLES 1401 77TH AVE N ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

U00000171715
09/08/04-80002-016 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Walter M. Cheshire **WALTER M. CHESHIRE** **3 SEP 04** **386**
 _____ **935-3833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #