


2005-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90046 019 ***150.00

DOCUMENT # 597589		
1. Entity Name HOLLOWAY CORPORATION <i>CAEKK.# 1454</i>		
Principal Place of Business 3519 228 TERRACE LAKE CITY, FL 32024 US	Mailing Address 3519 228 TERACE LAKE CITY, FL 32024 US	

40047006



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1869674	Applied For 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**

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: *Walter M. Cheshire* *NA (Sorry)* *28 March 05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

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	

**DO NOT WRITE
IN THIS SPACE**

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: *Walter M. Cheshire* *28 MAR 05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #