



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 597589 1. Entity Name HOLLAWAY CORPORATION			
Principal Place of Business 3519 228 TERRACE LAKE CITY, FL 32024 US		Mailing Address 3519 228 TERRACE LAKE CITY, FL 32024 US	
DO NOT WRITE IN THIS SPACE			
		02042007 No Chg-P CR2E034 (11/05)	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE U000000714838 04/27/07-80039-012 150.00	
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Walter M. Cheshire</i> WALTER M. CHESHIRE		Date 16 APR 07 Daytime Phone # 386 935-3833	