


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 819207 1. Entity Name HOLLAND CONSTRUCTION CO., INC.	
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Principal Place of Business 340 REA RD WAXHAW, NC 28173	Mailing Address PO BOX 78915 CHARLOTTE, NC 28271
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1090037	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

ABERNETHY, BRUCE R. JR.
900 VIRGINIA AVE.
SUITE G
FT. PIERCE, FL 34950

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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 _____ (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	U000000248744 03/02/05-80040-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, R CALVIN 340 REA ROAD WAXHAW, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, R. STANLEY 340 REA ROAD WAXHAW, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, BETTY M 340 REA ROAD WAXHAW, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, K. TODD 121 LAFITTE DR WAVELAND, MS 39576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORMAN, DEBRA H. 633 WOODS WAY WAKE FOREST, NC 27587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORMAN, THOMAS O 633 WOODS WAY WAKE FOREST, NC 27587

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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: R. CALVIN HOLLAND *R. Calvin Holland* **02-28-05** **704-846-1029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #