


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90037 035 \*\*\*150.00

<b>DOCUMENT # 819207</b>	
1. Entity Name HOLLAND CONSTRUCTION CO., INC.	

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**



02012006 No Chg-P CR2E034 (11/05)

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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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 reissuing)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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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>R. Calvin Holland</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. CALVIN HOLLAND	02-07-06 919-626-1187 Date Daytime Phone #