

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (A71)

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90139 028 \*\*\*150.00

**DOCUMENT # F05000004710**

1. Entity Name

HOLLYWOOD CALL CENTER, INC.



Principal Place of Business

4780 I-55 NORTH  
SUITE 300  
JACKSON MS 39211

Mailing Address

4780 I-55 NORTH  
SUITE 300  
JACKSON MS 39211

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **20-3289603**  
**AP-PLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
1333 N. DUVAL STREET  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
NAME **MCDONNELL, THOMAS P III**  
STREET ADDRESS **4780 I-55 NORTH**  
CITY-ST-ZIP **JACKSON MS 39211**

TITLE **V** ☐ Delete  
NAME **MILLER, SANFORD**  
STREET ADDRESS **444 DEABREEZE BLVD. SUITE 1002**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **PT** ☒ Delete  
NAME **GATHINGS, ROBERT M JR.**  
STREET ADDRESS **4780 I-55 NORTH**  
CITY-ST-ZIP **JACKSON MS 39211**

TITLE **VS** ☐ Delete  
NAME **MOORE, O. KENDALL**  
STREET ADDRESS **4780 I-55 NORTH**  
CITY-ST-ZIP **JACKSON MS 39211**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres, Treas, COB, Director** ☒ Change ☐ Addition  
NAME **Thomas P. McDonnell III**  
STREET ADDRESS **same**  
CITY-ST-ZIP

TITLE **Sanford Miller** ☒ Change ☐ Addition  
NAME **444 Seabreeze Blvd Ste 1002**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**O. Kendall Moore 3/21/06 601-713-4333**

Date

Daytime Phone #