


FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90005 043 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F51065
 1. Entry Name
DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A.



Principal Place of Business 931 N SPRING GARDEN AVE DELAND, FL 32720-0809 US	Mailing Address 931 N SPRING GARDEN AVE DELAND, FL 32720-0809 US
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DO NOT WRITE IN THIS SPACE



05162005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUSH, JEFFREY J MD
2421 SLEEPY OAK LANE
DELAND, FL 32720-8626

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, WILLIAM E III RT 6 2121 HONTOON RD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERMA, AJAY 642 BROAD OAK LOOP SANFORD, FL 327717104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRKHAHN, GERTRUDE C 1200 PEAK CIRCLE DELTONA, FL 327386819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINES, KENNETH K JR 160 LAKE WINNEMISSETT DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSH, JEFFREY J 2421 SLEEPY OAK LANE DELAND, FL 327208626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGELKEN, JOHN D 1039 TORCHWOOD DR DELAND, FL 32724

**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: *William E. Holler* / V. President 5/17/05 386 738-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #