

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90014 044 \*\*\*150.00

**DOCUMENT # F61431**

1. Entity Name

HOLLOWAY ROOFING, INC.



Principal Place of Business

3661 62 AVE NORTH  
PINELLAS PARK FL 33781  
US

Mailing Address

P.O BOX 10577  
ST. PETERSBURG FL 33733  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2147102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLOWAY, WILLIAM  
3661 62ND AVENUE NORTH  
PINELLAS PARK FL 33781

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 reinstating)

DATE

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

**After May 1, 2004 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 P ☐ Delete  
NAME HOLLOWAY, WILLIAM  
STREET ADDRESS 2785 KIPPS COLONY DRIVE UNIT 107  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ST ☐ Delete  
NAME HOLLOWAY, PEGGY  
STREET ADDRESS 2785 KIPPS COLONY DRIVE UNIT 107  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT ☐ Change ☐ Addition  
NAME William Holloway  
STREET ADDRESS 15477 GULF BLVD.  
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE SECRETARY TREASURER ☐ Change ☐ Addition  
NAME PEGGY Holloway  
STREET ADDRESS 15477 GULF BLVD.  
CITY-ST-ZIP MADEIRA BEACH, FL 33708

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 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 F. Holloway* WILLIAM F. Holloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 727-525-2262

Date

Daytime Phone #