

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90016 038 ***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

50004887



2. Principal Place of Business
2792 - 25th Street North

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State
St. Petersburg, Fl.

City & State

4. FEI Number
59-2147102

Applied For
Not Applicable

Zip
33713

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
William F. Holloway

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

2792 - 25th Street North

City
St. Petersburg FL Zip Code
33713

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

William F. Holloway **WILLIAM F. HOLLOWAY (PRESIDENT)**

3-21-06

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HOLLOWAY, WILLIAM
10213 GOLDEN EAGLE DRIVE
SEMINOLE, FL 33778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
HOLLOWAY, PEGGY
10213 GOLDEN EAGLE DRIVE
LARGO, FL 33778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *William F. Holloway* **WILLIAM F. HOLLOWAY PRESIDENT**

3-21-06

727-638-9594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #