


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90028 029 \*\*\*150.00

|  |  |   |   |  |                     |
|--|--|---|---|--|---------------------|
| <b>DOCUMENT # F61431</b><br>1. Entity Name<br><b>HOLLOWAY ROOFING, INC.</b>  |  |   |   |   |                     |
| Principal Place of Business<br><b>2792 25TH ST N</b><br><b>SAINT PETERSBURG, FL 33713 US</b>   |  |   | Mailing Address<br><b>P.O BOX 10577</b><br><b>ST. PETERSBURG, FL 33733 US</b> |  |                     |
| 2. Principal Place of Business - No P.O. Box #<br><b>7 SAME 25th Street North</b>  |  | 3. Mailing Address<br><b>SAME</b>   |   |  |                     |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |                     |
| City & State   |  | City & State  |   |  |                     |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-2147102</b>   |                     |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable  |                     |
| 6. Name and Address of Current Registered Agent<br><br><b>HOLLOWAY, WILLIAM F</b><br><b>2792 25TH ST N</b><br><b>SAINT PETERSBURG, FL 33713</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 <i>William F. Holloway</i>   |  | <b>William F. Holloway President</b>  |   | <b>3-21-07</b>   |                     |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)                        |   | DATE   |                     |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |                     |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                         |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>HOLLOWAY, WILLIAM</b><br><b>10213 GOLDEN EAGLE DRIVE</b><br><b>SEMINOLE, FL 33778</b> | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>HOLLOWAY, PEGGY</b><br><b>10213 GOLDEN EAGLE DR</b><br><b>LARGO, FL 33778</b>        | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>   | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>   | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>   | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>   | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>   | <input type="checkbox"/> Delete   |   |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>   | <input type="checkbox"/> Delete   |   |  |                     |
| 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>William F. Holloway</i>  |  | <b>William F. Holloway PRESIDENT</b>  |   | <b>3-21-07</b>   | <b>727-638-9594</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  |   | Daytime Phone #  |                     |

60027772



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