

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000006827

1. Entity Name
HOLLYWOOD RESOURCES, INC.



Principal Place of Business
C/O MEDICAL RESOURCES INC
1455 BROAD ST 4TH FL LEGAL DEPT
BLOOMFIELD, NJ 07003

Mailing Address
C/O MEDICAL RESOURCES INC
1455 BROAD ST 4TH FL LEGAL DEPT
BLOOMFIELD, NJ 07003

158.75
FILED
07 APR 11 PM 2:23
TALLAHASSEE, FLORIDA



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3531745

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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, 2007 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	PD STRICKLAND, D GORDON 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

John Valla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla 4/9/07 941-744-1539
Date Daytime Phone #