

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G26725**

1. Entity Name  
**HOLLIS AND SONS, INC.**



Principal Place of Business  
**1834 HARDEN BLVD  
LAKELAND, FL 33803**

Mailing Address  
**1834 HARDEN BLVD  
LAKELAND, FL 33803**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2259920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI, FL 33131**

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

**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 HOLLIS, MARK C. 1834 HARDEN BLVD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLIS, LYNN D. 3098 SHOAL CREEK VILLAGE DR LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLIS, M. CLAYTON JR. 1385 JEFFERSON DR LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLIS, JACK M. 141 FAIRCHILD ST BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLIS, R. DEAN 3404 N 141ST ST OMAHA, NE 68164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000662655  
03/21/07-80022-008 150.00

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IN THIS SPACE**

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: Mark C. Hollis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07  
Date

Daytime Phone #