

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90557 043 \*\*\*158.75

**DOCUMENT # G53856**

1. Entity Name  
**HOLLIS ENGINEERING, INC.**



Principal Place of Business  
**605 E. ROBINSON STREET  
SUITE 450  
ORLANDO, FL 32801 US**

Mailing Address  
**P.O. BOX 4961  
ORLANDO, FL 32802-4961 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-2327068**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL FL  
390 N ORANGE AVENUE  
STE 1100  
ORLANDO, FL 32801**

## 7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOLLIS, PHILLIP C PE ☐ Delete  
STREET ADDRESS ~~153 PLUMOSUS DRIVE~~  
CITY-ST-ZIP ~~ALTAMONTE SPRGS FL~~

TITLE ST  
NAME HOLLIS, MARY E ☐ Delete  
STREET ADDRESS 605 E ROBINSON, SUITE 450  
CITY-ST-ZIP ORLANDO, FL

TITLE D  
NAME INGRAM, KEVIN J ☐ Delete  
STREET ADDRESS 605 E. ROBINSON ~~#450~~  
CITY-ST-ZIP ORLANDO, FL 32801

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 605 E. Robinson St, Suite 210  
CITY-ST-ZIP Orlando, FL 32801

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 210  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 210  
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:

*Phillip C. Hollis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

407-422-1118

Daytime Phone #