

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G53856**

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



*[Handwritten signature]*

**FILED**

05 MAR 29 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 210**

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2327068**

Applied For  
Not Applicable

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, 2005 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, PHILLIP C PE 605 E. ROBINSON ST., STE 210 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLLIS, MARY E 605 E. ROBINSON ST., STE 210 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, KEVIN J 605 E. ROBINSON ST., STE 210 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700050509797</b> <b>04/12/05--01008--008</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **3/29/05** **407-422-1118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Phillip C. Hollis, President*