

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92921

FILED
Jun 29, 2009
Secretary of State

Entity Name: PETE HOLLAND CUSTOM WOODWORKING, INC.

Current Principal Place of Business:

% PETER HOLLAND
2059 KAI DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

% PETER HOLLAND
2059 KAI DRIVE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2671010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, PETER
2059 KAI DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLAND, PETER
Address: 2059 KAI DRIVE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: HOLLAND, DELORES B.
Address: 2059 KAI DRIVE
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HOLLAND

PD

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date