

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41005

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HOLLAWAY INSURANCE & FINANCIAL GROUP, INC.

## Current Principal Place of Business:

12784 YACHT CLUB CIRCLE  
FT MYERS, FL 33919 US

## New Principal Place of Business:

15051 S TAMIAMI TRAIL  
# 203  
FT MYERS, FL 33908 US

## Current Mailing Address:

12784 YACHT CLUB CIRCLE  
FT MYERS, FL 33919 US

## New Mailing Address:

P.O. BOX 60105  
FT MYERS, FL 33906 US

FEI Number: 59-2756377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLAWAY, STEVEN  
12784 YACHT CLUB CIRCLE  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

HOLLAWAY, STEVEN  
15051 S. TAMIAMI TRAIL  
#203  
FT MYERS, FL 33908 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: HOLLAWAY, STEVEN N.,  
Address: 12784 YACHT CLUB CIRCLE  
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete  
Name: HOLLAWAY, STEVEN N.,  
Address: 12784 YACHT CLUB CIRCLE  
City-St-Zip: FT MYERS, FL 33919

Title: V ( ) Delete  
Name: HOLLAWAY, NORIS E.,  
Address: 13310 MCGREGOR BLVD  
City-St-Zip: FT MYERS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: HOLLAWAY, STEVEN N.,  
Address: P.O. BOX 60105  
City-St-Zip: FT MYERS, FL 33906

Title: D (X) Change ( ) Addition  
Name: HOLLAWAY, STEVEN N.,  
Address: P.O. BOX 60105  
City-St-Zip: FT MYERS, FL 33906

Title: V (X) Change ( ) Addition  
Name: HOLLAWAY, NORIS E.,  
Address: 13310 MCGREGOR BLVD  
City-St-Zip: FT MYERS, FL 33919

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: STEVEN N. HOLLAWAY

PVT

04/30/2008

Electronic Signature of Signing Officer or Director

Date