2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # J61089 1. Entity Name CHARLES R. HOLLOMAN, P.A.					~		90049 008 ***550).00
Principal Place of Business Ma		Mailing Address			402-	-		
3610 ST FT. KING ST OCALA, FL 34470 US		3610 ST FT. KING ST OCALA, FL 34470 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address , ,		-1 /				
		3610SE FT KING HVER		- 1	81181	I MEMIN MEMIN MIMIN MIMEN WIRELE #13		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 59-277		 - - 	oplied For ot Applicable
Zip	Country Zip		Country			of Status Desired	□ \$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New R	Fee Require	HG
				Name	maine und	VI 110W II	Bour Bour	
HOLLOMAN, CHARLES R		-	Stroot Addross (CO C Pari Ali mbas is Alex Assessable)				
3610 SE FT KING ST OCALA, FL 34470				Street Address (P.O. Box Number is Not Acceptable)				
00,121,1								
				City	FL Zip Code			
	named entity submits this statement to tions of registered agent.	or the purpose of changing its re	egistere	d office or register	red agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
_	•							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered	Agent signature required	i when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	PSD HOLLOMAN, CHARLES R.	Delete	TITLE NAME	1			☐ Change	Addition
STREET ADDRESS	3610 SE FT KING ST			T ADDRESS				
CITY-ST-ZIP	OCALA, FL 34470		CITY-	ST-ZIP				
TITLE			TITLE	- 1			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME	1				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
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NAME				- 1			- Onlange	
STREET ADDRESS			NAME	1				
			STREE	T ADDRESS				
CITY-ST-ZIP			STREE	1				
TITLE	_	☐ Delete	STREE CITY- TITLE	T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME			STREE CITY- TITLE NAME	T ADDRESS ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes 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 out; that if 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

15/07 (352) - 867-0766