


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J81789</b> 1. Entity Name <b>HOLLY ENTERPRISES OF SARASOTA, INC.</b>	
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Principal Place of Business <b>5300 OCEAN BLVD APT-803 SARASOTA, FL 34242</b>	Mailing Address <b>5300 OCEAN BLVD APT-803 SARASOTA, FL 34242</b>
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**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOBERG, DON  
5300 OCEAN BLVD  
APT-803  
SARASOTA, FL 34242**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000106057 04/07/04-80051-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD BRIELMAIER, GERALD 13615 W BURLEIGH RD #9 BROOKFIELD, WI 53005</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MOBERG, DON 5300 OCEAN BLVD SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T WEBSTER, MICHAEL 535 NEWBURNE POINTE BLOOMFIELD HILLS, MI 48304</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald R. Moberg Donald R. MOBERG 4/2/04 941-349-1565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #