


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 14, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # K11748</b> 1. Entity Name <b>HOLLOWAY INVESTMENTS, INC.</b>	
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Principal Place of Business <b>% JAMES C. HOLLOWAY 118 BESSEMER CIRCLE BRANDON, FL 33511</b>	Mailing Address <b>% JAMES C. HOLLOWAY 118 BESSEMER CIRCLE BRANDON, FL 33511</b>
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**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2862544</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**HOLLOWAY, JAMES C.  
118 BESSEMER CIRCLE  
BRANDON, FL 33511**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000263424 03/14/05-80095-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOWAY, JAMES C. 118 BESSEMER CIRCLE BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLOWAY, PATRICIA L. 118 BESSEMER CIRCLE BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLOWAY, GEORGIA B. 118 BESSEMER CIRCLE BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** JAMES C. HOLLOWAY  
*James C. Holloway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03/10/2005 (813) 681-1232  
Date Daytime Phone #