

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17388

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** HOLOPAW CORVETTE, INC.

**Current Principal Place of Business:**

% GENE E. LANGFORD, JR.  
5100 HOLOPAW ROAD  
HOLOPAW, FL 34773

**New Principal Place of Business:**

**Current Mailing Address:**

% GENE E. LANGFORD, JR.  
5100 HOLOPAW ROAD  
HOLOPAW, FL 34773

**New Mailing Address:**

FEI Number: 59-2879698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANGFORD, GENE E JR  
5100 HOLOPAW ROAD  
HOLOPAW, FL 34773 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

**OFFICERS AND DIRECTORS:**

Title: C/P  
Name: LANGFORD, GENE E JR  
Address: 5100 HOLOPAW RD.  
City-St-Zip: HOLOPAW, FL 34773 US

Title: S/T  
Name: LANGFORD, REBECCA A  
Address: 5100 HOLOPAW ROAD  
City-St-Zip: ST. CLOUD, FL 34773 US

I hereby 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 all other like empowered.

SIGNATURE: REBECCA A. LANGFORD

S/T

01/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date