

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90037 015 \*\*\*158.75

**DOCUMENT # K55310**

1. Entity Name  
CECIL R. HOLLOWAY, JR. GENERAL CONTRACTOR,  
INC.



Principal Place of Business  
44174 DISTY RD  
CALLAHAN, FL 32011 US

Mailing Address  
44174 DISTY RD  
CALLAHAN, FL 32011 US

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2937326

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOLLOWAY, CECIL, JR.  
44174 DUSTY RD  
CALLAHAN, FL 32011

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOLLOWAY, CECIL R JR
STREET ADDRESS	44174 DUSTY RD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	V
NAME	HOLLOWAY, LELIA E
STREET ADDRESS	44174 DUSTY RD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	S
NAME	HOLLOWAY, DUSTIN R
STREET ADDRESS	44269 DUSTY RD
CITY-ST-ZIP	CALLAHAN, FL 32011
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)(i), 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:

*Cecil R. Holloway Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cecil R. Holloway Jr*

Date

Daytime Phone #

*3-26-05 904879*

*1534*