


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90062 013 \*\*\*150.00

<b>DOCUMENT # L81564</b> 1. Entity Name <b>HOLLOWAY INSURANCE, INC.</b>					
Principal Place of Business <b>103 BEVERLY PARKWAY PENSACOLA, FL 32505-2815 US</b>			Mailing Address <b>103 BEVERLY PARKWAY PENSACOLA, FL 30505-2815 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0199093</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HOLLOWAY, DEANE R. 103 BEVERLY PARKWAY PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name <b>Ronda Kagarise</b> Street Address (P.O. Box Number is not acceptable) <b>103 Beverly Parkway</b> City <b>Pensacola</b> FL <b>32505</b>	
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: <u><i>Ronda Kagarise</i></u> <span style="float: right;">2/27/07</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAGARISE, RONDA 54 N DONELSON ST PENSACOLA, FL 32502	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLLOWAY, DEANE R 2429 PINE FOREST ROAD PENSACOLA, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Ronda Kagarise</i></u> <span style="float: right;">2/27/07 8504340335</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81564

Entity Name: HOLLOWAY INSURANCE, INC.

FILED  
Apr 13, 2006  
Secretary of State

#H 81564

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Current Principal Place of Business:

103 BEVERLY PARKWAY  
PENSACOLA, FL 325052815 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6112  
PENSACOLA, FL 32503

New Mailing Address:

103 BEVERLY PARKWAY  
PENSACOLA, FL 305052815 US

FEI Number: 65-0199093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

HOLLOWAY, DEANE R.  
103 BEVERLY PARKWAY  
PENSACOLA, FL 32503 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

4/7/07  
Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KAGARISE, RONDA  
Address: 54 N DONELSON ST  
City-St-Zip: PENSACOLA, FL 32502

Title: V ( ) Delete  
Name: HOLLOWAY, DEANE R  
Address: 9075 COVE AVE  
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HOLLOWAY, DEANE R  
Address: 2429 PINE FOREST ROAD  
City-St-Zip: PENSACOLA, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEANE HOLLOWAY

V

04/13/2006

Electronic Signature of Signing Officer or Director

Date