

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90001 023 \*\*\*150.00

**DOCUMENT # L98167**

1. Entity Name  
**CATHY S. HOLLINGSWORTH, INC.**



Principal Place of Business

101 S. HWY. 27/441  
LADY LAKE, FL 32159

Mailing Address

101 S. HWY. 27/441  
LADY LAKE, FL 32159

**94045428**



01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3024668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, STEVEN M.**  
**ONE SOUTHEAST FIRST AVE.**  
**GAINESVILLE, FL 32601**

*Cathy Hollingsworth*  
*101 S. Hwy 27/441*  
*Lady Lake FL 32159*

**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

*Cathy Hollingsworth*  
Signature, typed or printed name of registered agent and title if applicable.

*Cathy Hollingsworth*  
(NOTE: Registered Agent signature required when reinstating)

*4/6/04*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 **HOLLINGSWORTH, CATHY S**  
STREET ADDRESS **13845 CR 109 D3**  
CITY-ST-ZIP **LADY LAKE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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:**

*Cathy Hollingsworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/6/04*  
*352 753 7213*