

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003781

FILED
Apr 02, 2009
Secretary of State

Entity Name: MILL HOLLOW, INCORPORATED

Current Principal Place of Business:

47 MILL HOLLOW DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

47 MILL HOLLOW DR
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3413515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDDLESTON, RON
47 MILL HOLLOW DR
CRAWFORDVILLE, FL 32327 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: TD () Delete
Name: HUDDLESTON, RON
Address: 47 MILL HOLLOW DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: SAVARY, DONNA
Address: 31 SARAH CT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DP () Delete
Name: GRINER, JIM
Address: 21 BRADLEY CT
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON HUDDLESTON

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date