
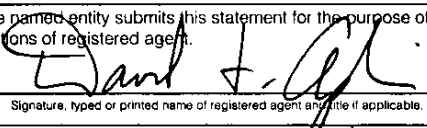
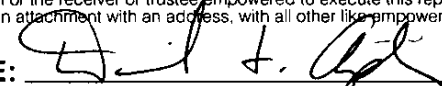


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 006 ***150.00

DOCUMENT # P00000042973 1. Entity Name HOLLINGSWORTH CAPITAL MANAGEMENT, INC.					
Principal Place of Business 124 S FL AVE STE 200 LAKELAND, FL 33802 US			Mailing Address PO BOX 1614 LAKELAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3640563	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APLIN, DAVID F 124 S FL AVE LAKELAND, FL 33802				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2128 E EDGEWOOD DRIVE SUITE 109 City FL Zip Code 33803	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> DAVID F. APLIN PRESIDENT </div> <div style="width: 30%; text-align: right;"> 3/28/2008 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APLIN, DAVID F 124 S. FL. AVE., SUITE 200 LAKELAND, FL 33802	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2128 E EDGEWOOD DR SUITE 109 LAKE LAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2128 E EDGEWOOD DR SUITE 109 LAKE LAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2128 E EDGEWOOD DR SUITE 109 LAKE LAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2128 E EDGEWOOD DR SUITE 109 LAKE LAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/28/2008 <small>Date</small>		(813) 666-2654 <small>Daytime Phone #</small>	
DAVID F. APLIN, PRESIDENT					