

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90061 024 ***150.00

DOCUMENT # P00000108989

1. Entity Name

CHARLES MARTIN HOLLAND, INC.



Principal Place of Business

**6566 4TH LANE
VERO BEACH, FL 32960**

Mailing Address

**6566 4TH LANE
VERO BEACH, FL 32960**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1069831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLLAND, CHARLES M
6566 4TH LANE
VERO BEACH, FL 32968**

**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 PD
NAME HOLLAND, CHARLES M
STREET ADDRESS 6566 4TH LANE
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE RECS
NAME HOLLAND, JANENE
STREET ADDRESS 6566 4TH LANE
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE VD
NAME MURPHY, LAZATHA
STREET ADDRESS 603 PARKWAY AVE.
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Void

**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:

Charles M. Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05
Date

772-563-9342
Daytime Phone #