

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90033 027 \*\*\*150.00

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03132005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000051443			
1. Entity Name A.J. HOLLOWAY, INC.			
Principal Place of Business 608 SOUTH MAIN STREET UNIT # 7 CLERMONT, FL 34711		Mailing Address 608 SOUTH MAIN STREET UNIT # 7 CLERMONT, FL 34711	
2. Principal Place of Business 608 South Main Av Suite, Apt. #, etc. Unit # 7 City & State MINNEOLA FL Zip 34715 Country		3. Mailing Address 608 South Main Av Suite, Apt. #, etc. Unit # 7 City & State MINNEOLA, FL Zip 34715 Country	
4. FEI Number 59-3722550		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLOWAY, A.J. 608 SOUTH MAIN STREET UNIT # 7 CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>A. J. Holloway</u> DATE <u>3-14-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P HOLLOWAY, A.J. 608 SOUTH MAIN STREET UNIT # 7 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>A. J. Holloway</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-14-05</u> Daytime Phone # <u>351 689 5992</u>	