Jul. 8. 2004 11:29AM

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 13, 2004 8:00 am**
**Secretary of State**
07-13-2004 90003 027 ***550.00

DOCUMENT # P01000066279

1. Entity Name
HOLL-TOOLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 722 ALBEE ROAD WEST<br>NOKOMIS, FL 34275 | 722 ALBEE ROAD WEST<br>NOKOMIS, FL 34275 |

54062173

01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3729574
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WITTMER, STEVEN T
2014 FOURTH STREET
SARASOTA, FL 34237

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | PD |
| NAME | HOLLFELDER, MARK |
| STREET ADDRESS | 7467 CABBAGE PALM CT |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | VD |
| NAME | O'TOOLE, LARRY |
| STREET ADDRESS | 6829 ARECA BLVD. |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | S |
| NAME | HOLLFELDER, CARY |
| STREET ADDRESS | 7467 CABBAGE PALM CT |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | T |
| NAME | O'TOOLE, ALICE |
| STREET ADDRESS | 6829 ARECA BLVD |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Larry O Toole 7/9/04 (941)484-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #