

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000066279

1. Entity Name
HOLL-TOOLE, INC.



Principal Place of Business
722 ALBEE ROAD WEST
NOKOMIS, FL 34275

Mailing Address
722 ALBEE ROAD WEST
NOKOMIS, FL 34275



01262005 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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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	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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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)(f), 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: *Lawrence P. O'Toole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence P. O'Toole

Date

2/11/05

Daytime Phone #

(941) 484-3001