

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 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



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3729574	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

WITTMER, STEVEN T
2014 FOURTH STREET
SARASOTA, FL 34237

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/28/08-80014-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence O'Toole - LAWRENCE O'TOOLE 2/16/08 1/941-484-2794