

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000093757**

**1. Entity Name**  
**PEG HOLLOWAY SENIOR CARE MANAGEMENT, INC.**



**Principal Place of Business**  
**4451 STACK BLVD**  
**MELBOURNE, FL 32901**

**Mailing Address**  
**4451 STACK BLVD**  
**MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> <b>59-3752556</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HOLLOWAY, PEG**  
**1942 ELDERBERRY COURT NE**  
**PALM BAY, FL 32905**

**DO NOT WRITE  
IN THIS SPACE**

**6. 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 re-registering)*

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	HOLLOWAY, PEG
<b>STREET ADDRESS</b>	1942 ELDERBERRY COURT NE
<b>CITY - ST - ZIP</b>	PALM BAY, FL 32905

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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<b>CITY - ST - ZIP</b>	

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07/16/04-80006-025 150.00

**DO NOT WRITE  
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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:**

*Peg Holloway*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*7/12/04*

**Date**

**Daytime Phone #**