2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105076

Current Principal Place of Business:

Entity Name: HOLLIS ENGINEERING SERVICES, INC.

FILED Aug 23, 2004 Secretary of State

New Principal Place of Business:

407 JOEL BLVD 4310 GALLOWAY AVE. SW LABELLE, FL 33975 LABELLE, FL 33975

Current Mailing Address: New Mailing Address:

PO BOX 3024 LABELLE, FL 33975

FEI Number: 01-0566730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLIS, ELIZABETH D
4310 BALLOWAY AVE SW
LABELLE, FL 33975 US
HOLLIS, ELIZABETH D
4310 GALLOWAY AVE SW
LABELLE, FL 33975 US

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.

SIGNATURE: 08/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 HOLLIS, ELIZABETH A
 Name:

 Address:
 PO BOX 3024
 Address:

 City-St-Zip:
 LABELLE, FL 33975
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 HOLLIS, JAMES L
 Name:

 Address:
 PO BOX 3024
 Address:

 City-St-Zip:
 LABELLE, FL 33975
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. HOLLIS PD 08/23/2004