

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90088 046 ***158.75

DOCUMENT # P01686

1. Entity Name

THE HOLLOWAY DEVELOPMENT CORPORATION



Principal Place of Business

1 PRITCHARD PLACE
P O BOX 464
EDGEMONT, PA 19028

Mailing Address

1 PRITCHARD PLACE
P O BOX 464
EDGEMONT, PA 19028

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number

22-1809950

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME HOLLOWAY, CASWELL F., JR
STREET ADDRESS 18465 SE VILLAGE CIRCLE
CITY-ST-ZIP JUPITER, FL

TITLE ST
NAME HOLLOWAY, MARIE B.
STREET ADDRESS 18465 SE VILLAGE CIRCLE
CITY-ST-ZIP JUPITER, FL

TITLE RE
NAME O'NEILL, JEANNE
STREET ADDRESS 849 MILMAR ROAD
CITY-ST-ZIP NEWTOWN SQUARE, PA

TITLE P
NAME HOLLOWAY, B S
STREET ADDRESS 2501 S. FRONT STREET
CITY-ST-ZIP PHILADELPHIA, PA 19148

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

1-29-07

215-463-8500