

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**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**



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                            |                                                        |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>22-1809950</b>                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

**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, 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          | 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    |                          |

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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: B. SCOTT HOLLOWAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/08**  
Date

**215-463-8500**  
Daytime Phone #