

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01686

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE HOLLOWAY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1 PRITCHARD PLACE
P O BOX 464
EDGEMONT, PA 19028

New Principal Place of Business:

1 PRITCHARD PLACE
NEWTOWN SQUARE, PA 19073

Current Mailing Address:

1 PRITCHARD PLACE
P O BOX 464
EDGEMONT, PA 19028

New Mailing Address:

1 PRITCHARD PLACE
NEWTOWN SQUARE, PA 19073

FEI Number: 22-1809950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOLLOWAY, CASWELL F., , JR
Address: 18465 SE VILLAGE CIRCLE
City-St-Zip: JUPITER, FL

Title: ST () Delete
Name: HOLLOWAY, MARIE B.,
Address: 18465 SE VILLAGE CIRCLE
City-St-Zip: JUPITER, FL

Title: RE (X) Delete
Name: O'NEILL, JEANNE,
Address: 849 MILMAR ROAD
City-St-Zip: NEWTOWN SQUARE, PA

Title: P () Delete
Name: HOLLOWAY, B S
Address: 2501 S. FRONT STREET
City-St-Zip: PHILADELPHIA, PA 19148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HOLLOWAY, CASWELL F., , JR
Address: 18465 SE VILLAGE CIRCLE
City-St-Zip: JUPITER, FL 33469

Title: ST (X) Change () Addition
Name: HOLLOWAY, MARIE B.,
Address: 18465 SE VILLAGE CIRCLE
City-St-Zip: JUPITER, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: B SCOTT HOLLOWAY

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date