## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P020000652 HOLLMAN PA						
Principal Place 2530 GARY C DUNEDIN, FL	CIR #502	Mailing Address 2530 GARY CIR #502 DUNEDIN, FL 34698				·	
ח	O NOT WRITE	0E	01062004	No Chg-P	CR2E034 (10/03)		
			<i>-</i>	FEI Number     74-3049     Certificate of	449 f Status Desired	Applied For Not Applicable \$8.75 Additional	
	6. Name and Address of Current Reg	ristered Agent				Fee Required_	
HOLLMAN 2530 GAR' DUNEDIN,	Y CIR #502	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 NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Electron Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees							
10.	OFFICERS AND DIF	ECTORS					
TITLE NAME	HOLLMAN, ROBERT						
STREET ADDRESS	2530 GARY CIR #502						
CHY-ST ZIP	DUNEDIN, FL 34698 D		•			401441	
TITLE NAME	HOLLMAN, KAREN				. 리코크건리 [4]*	-80000-0000-0000	
STREET ADDRESS	2530 GARY CIR #502						
CITY-ST ZIP	DUNEDIN, FL 34698		ł				
NAME.							
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STREET ADDRESS CITY-ST ZIP							
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NAME.							
STREET ADDRESS CITY ST ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 pher like empowered.							
SIGNATURE: JUNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D							
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