2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P02000098116 1. Entity Name 04-09-2004 90052 047 ***158.75 G. HOLLAND INDUSTRIES, INC. Principal Place of Business Mailing Address とせいいいひせる 8111 NW 94TH LANE TAMARAC FL 33321 8111 NW 94TH LANE TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 41-2059809 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ·Name بريس والاراسي CLENDINING, M. KATHLEEN 9070 KIMBERLY BLVD SUITE 57 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PO TITLE Delete Change ■ Addition ÑĂMF LEE-HOLLAND, GREGORY MAME STREET ADDRESS 8111 NW 94TH LN STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TOTLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

FILED

6,2004 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME O

changed, or on an attachment with an address, with all other like empowered