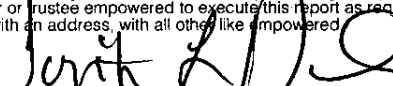


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 019 ***158.75

DOCUMENT # P02000119929 1. Entity Name HOLLAND REAL ESTATE, INC.					
Principal Place of Business 12383 V.C. JOHNSON RD. JACKSONVILLE, FL 32218 US			Mailing Address 12383 V.C. JOHNSON RD. JACKSONVILLE, FL 32218 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 82-0574187			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			02162004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent HOLLAND, TONITA L 3020 SUGAR CREEK LANE JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Holland, Tonita L Street Address (P.O. Box Number is Not Acceptable) 12383 V.C. Johnson Road JAX. FL 32218 City FL 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, TONITA L 3020 SUGAR CREEK LANE JACKSONVILLE, FL 32246		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holland, Tonita L 12383 V.C. Johnson Road JAX. FL 32218		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-20-04(904)391-8074		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		