2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000000039** 04-26-2004 90983 042 ***150.00 HOLLAN ENTERPRISE, INC. Principal Place of Business Mailing Address 3081 NAUTILUS ROAD 3081 NAUTILUS ROAD MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 27-0041623 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRKSEY, CHARLIE Street Address (P.O. Box Number is Not Acceptable) 3081 NAUTILUS ROAD MIDDLEBURG, FL 32068 -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. 14 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 \$5.00 May Be Trust Fund Contribution. Added to Fees **OFFICERS AND DIRECTORS** 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIŤLE ☐ Delete TITLE ☐ Change Addition NAME HOLLENBACHER, PAUL NAME STREET ADDRESS 545 COZYBROOK LANE STREET ADDRESS ORANGE PARK, FL 32003 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ∠ Change ☐ Addition LANOUX, JR., CAROL NAME NAME 1704 Covington Ln STREET ADDRESS 2119 ORANGEWOOD STREET STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 32003 CITY-ST-7IP Orange Part TITLÉ Delete DTLE ☐ Chance ☐ Addition KIRKSEY, CHARLIE NAME NAME STREET ADDRESS 3081 NAUTILUS ROAD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP ☐ Delete TITLE Chappe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trystee 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 attactment with an address, with all other like empowered.

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