

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000012855

1. Entity Name
HOLLOWAY PROPERTY MANAGEMENT, INC.



Principal Place of Business
2730 KIRBY AVE., N.E., UNIT 6
PALM BAY, FL 32905

Mailing Address
2730 KIRBY AVE., N.E., UNIT 6
PALM BAY, FL 32905



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1296174	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, JERRELL P
3636 WOODSTOCK CT.
MELBOURNE, FL 32904

**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 NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HOLLOWAY, JERRELL
STREET ADDRESS	3636 WOODSTOCK CT.
CITY - ST - ZIP	MELBOURNE, FL 32904

TITLE	VS
NAME	HOLLOWAY, SHARON G
STREET ADDRESS	3636 WOODSTOCK CT.
CITY - ST - ZIP	MELBOURNE, FL 32904

TITLE	P
NAME	HOLLOWAY, ALLISON L
STREET ADDRESS	1988 TWO HORSE TRAIL
CITY - ST - ZIP	TALLAHASSEE, FL 32309

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/01/08-80058-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Sharon Holloway, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2008
Date

321-984-8550
Daytime Phone #