

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016626

Entity Name: HOLLY ELECTRIC, INC.

FILED  
Mar 04, 2008  
Secretary of State

**Current Principal Place of Business:**

598 NW BRADY CIRCLE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

598 NW BRADY CIRCLE  
LAKE CITY, FL 32055

**New Mailing Address:**

P O BOX 2266  
LAKE CITY, FL 32056

FEI Number: 65-1175915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLINGSWORTH, LARITA  
598 NW BRADY CIRCLE  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLLINGSWORTH, LARITA  
Address: 598 NW BRADY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

Title: VD ( ) Delete  
Name: HOLLINGSWORTH, DONALD  
Address: 598 NW BRADY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

Title: VD ( ) Delete  
Name: HOLLINGSWORTH, DONALD R II  
Address: 171 SW DISCOVERY PLACE  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARITA HOLLINGSWORTH

PD

03/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date