## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # P03000025309** 04-06-2005 90129 003 \*\*\*150.00 HOLLAND MARINE, INC. Principal Place of Business Mailing Address 8529 CORDOVIA AVENUE 8529 CORDOVIA AVENUE 50034448 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 3. Mailing Address 8616 Sanlando 2. Principal Place of Business 4443 Herschel Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E034 (10/03) Jacksonville 4. FEI Number Applied For Jacksonville 30-0154178 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 32211 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLAND, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 8529 CORDOVIA AVENUE ORANGE PARK, FL 32073 change to 8616 Sanlands Tacksonville 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Change HOLLAND, THOMAS NAME NAME 8616 Sanlando Ave Tacksonville, FC 32210 STREET ADDRESS -8629 CORDOVIA AVE STREET ADDRESS change to -CITY-ST-ZIP City-St-7iP ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like simplifying the chapter 607.

**FILED**