

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90088 019 ***150.00

DOCUMENT # P03000026016

1. Entity Name
HOLLY HOMES, INC.



Principal Place of Business Mailing Address

~~4515 LEOLA LANE~~ ~~4515 LEOLA LANE~~
ORLANDO, FL 32812 - US ~~ORLANDO, FL 32812~~ - US

40004700



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2220 Cypress Cove Drive **2220 Cypress Cove Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01022007 Chg-P CR2E034 (12/06)

City & State City & State

TAVARES, FL **TAVARES, FL**

Zip Country Zip Country

32778 **US** **32778** **US**

4. FEI Number Applied For

14-1873612 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NUTT, HOLLY
~~4515 LEOLA LANE~~
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2220 Cypress Cove Drive

City State Zip Code

TAVARES **FL** **32778**

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: *Holly Nutt* **HOLLY NUTT** **1.2.07**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
PRESIDENT

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NUTT, HOLLY	
STREET ADDRESS	4515 LEOLA LANE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NUTT, ANDREW	
STREET ADDRESS	4515 LEOLA LANE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTT, HOLLY	
STREET ADDRESS	2220 Cypress Cove Drive	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTT, ANDREW	
STREET ADDRESS	2220 Cypress Cove Drive	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Holly Nutt* **HOLLY NUTT** **1.2.07** **407-466-4592**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #