

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 91240 039 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT# P03000056465			
1. Entity Name HOLLYHILLDONUTS, INC.			
Principal Place of Business 127 RIDGEWOOD AVENUE HOLLYHILL, FL 32117		Mailing Address 6123-AOAK BROOK PARKWAY NORCROSS, GA 30093	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 42-1592292		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		CR2E034(10/03)	
6. Name and Address of Current Registered Agent MALIK, BUDWANI 3364 WEST CHESTERS QBLVD 19-201 ORLANDO, FL 32835		7. Name and Address of New Registered Agent PERVEZ, KATSANI Street Address (P.O. Box Number is Not Acceptable) 127 RIDGEWOOD AVENUE City HOLLY HILL FL Zip Code 32117	
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 a registered agent. SIGNATURE <u>Pervez Kaisani</u> (NOTE: Registered Agent signature is required whenever insuring) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KAISANI, PERVEZ 670 CLEMSON LANE LAWRENCEVILLE, GA 30043 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KAISANI, PERVEZ 831 Horseshoe Falls Drive Orlando, FL 32808 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC KAISANI, PERVEZ 670 CLEMSON LANE LAWRENCEVILLE, GA 30043 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC KAISANI, PERVEZ 831 HORSESHOE FALLS DRIVE Orlando, FL 32808 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 empowered.			
SIGNATURE: <u>Pervez Kaisani</u>		Date <u>4/30/04</u> Daytime Phone	