


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101722 1. Entity Name HOLLEY-EDWARDS SUPPLY, INC.	
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Principal Place of Business 515-2 EAST 9TH STREET JACKSONVILLE, FL 32206	Mailing Address P.O. BOX 3446 JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



08172005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0204588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VLCEK, ALAN B 515-2 EAST 9TH STREET JACKSONVILLE, FL 32206	DO NOT WRITE IN THIS SPACE
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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 ALAN B VLCEK DATE 08/15/05

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SCHULTZ, THOMAS 515 EAST 9TH STREET JACKSONVILLE, FL 32206
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IN THIS SPACE**

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: [Signature] DATE 08/15/05 (904) 334-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR