

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90011 020 \*\*\*150.00

**DOCUMENT # P03000103225**



1. Entity Name  
**HOLLY BROTHERS, BARNES & BIDWELL THREE RING CIRCUS, INC.**

Principal Place of Business  
**5151 JUNGLE PLUM ROAD  
SARASOTA, FL 34242**

Mailing Address  
**5151 JUNGLE PLUM ROAD  
SARASOTA, FL 34242**

**54059081**



2. Principal Place of Business

3. Mailing Address  
**2033 Wood Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 218**

06222004

Chg-P

CR2E034 (10/03)

City & State

City & State  
**Sarasota, Florida**

4. FEI Number  
**20-0241897**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**34237**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HOLLINGSWORTH, FRED III  
5151 JUNGLE PLUM ROAD  
SARASOTA, FL 34242**

7. Name and Address of New Registered Agent

Name  
**Fred Hollingsworth, IV**

Street Address (P.O. Box Number is Not Acceptable)

**6018 Route 72**

City  
**Arcadia**

FL

Zip Code  
**34266**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**06/25/04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>P HOLLINGSWORTH, IV, FRED 6018 Route 72 Arcadia, Florida 34266</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>S/T DAVIS, THOMAS JEFFERSON 6470 Hollywood Blvd. #104 Sarasota, Florida 34231</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

**FRED HOLLINGSWORTH, IV, As President**

Date

Daytime Phone #

**06/25/04**

**941-315-0130**

57059081  
Attachment P03000103225

HENRY P. TRAWICK, P.A.  
P.O. BOX 4009  
SARASOTA, FLORIDA 34230  
941 366-0660

DOCUMENTS TRANSMITTAL

DATE: June 25, 2004

RE: Holly Brothers, Barnes & Bidwell  
Three Ring Circus, Inc.

THE FOLLOWING ARE ENCLOSED:

2004 annual report  
Fee of \$150.00

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

HPT/jam