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FILED
Jun 10, 2005 8:00 am
Secretary of State

04-13-2005 90069 003 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007556

1. Entity Name
HOLLY & JOHN, INC.

66022545

Principal Place of Business	Mailing Address
27079 SAFE HARBOR LANE PUNTA GORDA, FL 33983	27079 SAFE HARBOR LANE PUNTA GORDA, FL 33983

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
27079 Safe Haven Lane	27079 Safe Haven Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda Fla	City & State: Punta Gorda Fla
Zip: 33983 Country	Zip: 33983 Country

4. FEI Number: 20-0520643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLADFELTER, HOLLY D
27079 SAFE HARBOR LANE
PUNTA GORDA, FL 33983

name change marriage

7. Name and Address of New Registered Agent

Name: Keith, Holly D.
Street Address (P.O. Box Number is Not Acceptable): 27079 Safe Haven Lane
City: Punta Gorda FL Zip Code: 33983

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 Keith Holly Keith President 5-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition
TITLE	president		TITLE		
NAME	Holly Keith		NAME		
STREET ADDRESS	27079 Safe Haven Lane		STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda, Fla 33983		CITY-ST-ZIP		
TITLE	Vice president	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	John Keith		NAME		
STREET ADDRESS	27079 Safe Haven Lane		STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda, Fla 33983		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.

SIGNATURE: Holly Keith 5-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #