

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90026 017 ***150.00

DOCUMENT # P04000007556

1. Entity Name
HOLLY & JOHN, INC.



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

Mailing Address
**27079 SAFE HARBOR LANE
PUNTA GORDA, FL 33983**

40034



2. Principal Place of Business

27079 Safe Haven Ln

Suite, Apt. #, etc.
Punta Gorda, FL

City & State
33983 Charlotte

Zip Country

3. Mailing Address

27079 Safe Haven Lane

Suite, Apt. #, etc.
Punta Gorda Fla

City & State
33983 Charlotte

Zip Country

03272006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0520693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEITH, HOLLY D
27079 SAFE HARBOR LANE
PUNTA GORDA, FL 33983**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P KEITH, HOLLY
27079 SAFE HAVEN LANE
PUNTA GORDA, FL 33983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V KEITH, JOHN
27079 SAFE HAVEN LANE
PUNTA GORDA, FL 33983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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 Keith

Holly Keith

4-21-06

941-627-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #