



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90413 024 ***150.00

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|--|---------------------------------|---|---|--|--|
| DOCUMENT # P04000020703 | | | |  | |
| 1. Entity Name HOLLINGSWORTH PAINTING OF PINELLAS, INC. | | | | | |
| Principal Place of Business 11723 78TH TERRACE NORTH SEMINOLE, FL 33772 FL | | | Mailing Address 11723 78TH TERRACE NORTH SEMINOLE, FL 33772 FL | | |
| 2. Principal Place of Business 10913 Temple Ave. | | 3. Mailing Address 10913 TEMPLE AVE. | | <div style="font-size: 24px; font-weight: bold;">14014177</div>  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State SEMINOLE, FL | | City & State SEMINOLE, FL | | | |
| Zip 33772 | | Country USA | | 03212005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 20-0675365 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HOLLINGSWORTH, WILLIS W III 11723 78TH TERRACE NORTH SEMINOLE, FL 33772 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10913 TEMPLE AVE City SEMINOLE FL Zip Code 33772 | | |
| 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: <u>Willis W. Hollingsworth III</u> DATE: <u>5-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME HOLLINGSWORTH, WILLIS W III STREET ADDRESS 11723 78TH AVENUE NORTH CITY-ST-ZIP SEMINOLE, FL 33772 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 10913 TEMPLE AVE. CITY-ST-ZIP SEMINOLE, FL 33772 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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>Willis W. Hollingsworth III</u> | | | Date: <u>5-1-05</u> Daytime Phone # | | |