

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90413 024 ***150.00

DOCUMENT # P04000020703

1. Entity Name
HOLLINGSWORTH PAINTING OF PINELLAS, INC.



Principal Place of Business Mailing Address
11723 78TH TERRACE NORTH **11723 78TH TERRACE NORTH**
SEMINOLE, FL 33772 FL **SEMINOLE, FL 33772 FL**

14014177



2. Principal Place of Business 3. Mailing Address
10913 Temple Ave. **10913 TEMPLE AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03212005 Chg-P CR2E034 (10/03)

City & State City & State
SEMINOLE, FL **SEMINOLE, FL**
 Zip Country Zip Country
33772 **USA** **33772** **USA**

4. FEI Number Applied For
20-0675365 Not Applicable

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

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 State Zip Code
SEMINOLE **FL** **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: *Willis W. Hollingsworth III* DATE: 5-1-05
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
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

TITLE	P <input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, WILLIS W III
STREET ADDRESS	11723 78TH AVENUE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10913 TEMPLE AVE.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Willis W. Hollingsworth III* DATE: 5-1-05
Signature and typed or printed name of signing officer or director Date Daytime Phone #