

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-31-2006 90003 031 \*\*\*150.00

FILE# P04000020703

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CR2E034 (4/06)

<b>DOCUMENT # P04000020703</b>					
<b>1. Entity Name</b> HOLLINGSWORTH PAINTING OF PINELLAS, INC.					
<b>Principal Place of Business</b> 10913 TEMPLE AVE SEMINOLE FL 33772			<b>Mailing Address</b> 10913 TEMPLE AVE SEMINOLE FL 33772		
<b>2. Principal Place of Business</b> <i>Seminole Pinellas</i>		<b>3. Mailing Address</b> <i>10913 Temple Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Seminole Fla</i>		<b>City &amp; State</b>		<b>4. FEI Number</b> <i>20-0675365</i>	
Zip <i>33772</i>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33772</i>		Country <i>Pinellas</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HOLLINGSWORTH, WILLIS W III 10913 TEMPLE AVE SEMINOLE FL 33772			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <i>Willis Hollingsworth</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<b>8-26-06</b> <small>DATE</small>		
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLLINGSWORTH, WILLIS W III 10913 TEMPLE AVE SEMINOLE FL 33772		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Willis Hollingsworth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-26-06</b> <b>727-3978189</b> <small>Date Daytime Phone #</small>		