

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90030 012 \*\*\*150.00

**DOCUMENT # P04000020703**

1. Entity Name

HOLLINGSWORTH PAINTING OF PINELLAS, INC.



Principal Place of Business

10913 TEMPLE AVE  
SEMINOLE FL 33772

Mailing Address

10913 TEMPLE AVE  
SEMINOLE FL 33772

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

4. FEI Number  
20-0675365

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLINGSWORTH, WILLIS W III  
10913 TEMPLE AVE  
SEMINOLE FL 33772

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

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. ☐

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	10913 TEMPLE AVE	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	President	<input type="checkbox"/> Delete
NAME	Willis Hollingsworth	
STREET ADDRESS	9747 Gulf Blvd	
CITY-ST-ZIP	Treasure Island FL 33706	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	SAME AS ABOVE	
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 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		
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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 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:** *Willis W. Hollingsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-07/727 397 8187

Date

Daytime Phone #

ATTACHMENT  
40129489

~~#~~ P04000020703 7-29-07

To Whom it may concern

As you see by this copy  
of receipt received on April 26, 07  
that your office received my  
annual report.

I'm also sending a check  
for the amount of 150.00 to  
Division of Corporations.

Thank you

Walter Hollingsworth

ATTACHMENT

40129489

#P04000020703

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporations  
P.O. Box 8300  
Tallahassee, FL  
32314

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

DEPT OF STATE  
DEF

Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

APR 26 2007

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

CLEARED

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes