

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 010 ***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

7421 109 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole FL

Zip

Country

Zip

33772

Country

Pinellas

4. FEI Number

20-0675365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

HOLLINGSWORTH, WILLIS W III
10913 TEMPLE AVE
SEMINOLE FL 33772

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

Willis Hollingsworth

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME HOLLINGSWORTH, WILLIS W III
STREET ADDRESS 9747 GULF BLVD
CITY-ST-ZIP TRESURE ISLAND FL 33706 ☐ Delete

TITLE
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME SECRETARY
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Treasurer
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME New address
STREET ADDRESS Above
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 Section 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 Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

Date

727 397 8199

Daytime Phone