

72006

2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

09 MAY -8 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000020703

1. Entity Name
HOLLINGSWORTH PAINTING OF PINELLAS, INC.

Change of Address

Principal Place of Business

Mailing Address

7421 109th way
Seminole, FL 337727421 109th way
Seminole, FL 33772

DO NOT WRITE IN THIS SPACE

09142006

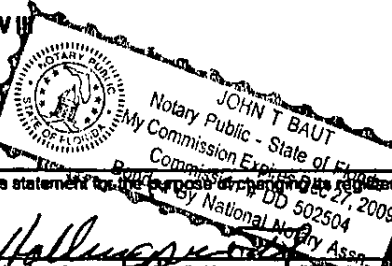
No Chg-P

CR2E034 (11/05)

4. FEI Number
20-0675365Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, WILLIS W III

7421 109th way
Seminole, FL 33772DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of its registration as a 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 time if applicable.

(Not Registered Agent signature required when retaking)

DATE

FILE NOW!!! FEE IS \$150.00

Due by September 15, 2009

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLINGSWORTH, WILLIS W III
STREET ADDRESS	10813 TEMPLE AVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	U.P.
NAME	Hollingsworth, Willis
STREET ADDRESS	7421 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	Treasurer
NAME	Willis Hollingsworth
STREET ADDRESS	7421 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	Secretary
NAME	Mika Wordworth
STREET ADDRESS	7421 109th way
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	Treasurer
NAME	Willis Hollingsworth
STREET ADDRESS	7421 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900155674169
05/08/09--01015--033 **150.00DO NOT WRITE
IN THIS SPACE

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 Hollingsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/09 727 3978189

Date

Daytime Phone #