7/2006

2009 **FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000020703

1. Entity Name
HOLLINGSWORTH PAINTING OF PINELLAS, INC.

Change OF Address

FILED
09 MAY -8 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7421 109th WAY NEW Seminole, FL 33772	7421 109th WAY Seminole FL 33772

09142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

HOLLINGSWORTH, WILLIS W III
7421 109th WAY
Seminole FL
33772

JOHN T BAUT
Notary Public - State of Florida
My Commission Expires Dec 27, 2009
Commission # DD 502504
Bonded By National Notary Assn.

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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) 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 Fees

In 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	10913 TEMPLE AVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	V.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 **150.00

DO 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 4/10/09 727 397 8189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #