

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 004 ***150.00

DOCUMENT # P04000029469

1. Entity Name
JIMMY MAXWELL MILLHOLLIN PA



Principal Place of Business
**5 UTILITY DRIVE
STE 10
PALM COAST, FL 32137 US**

Mailing Address
**5 UTILITY DRIVE
STE 10
PALM COAST, FL 32137 US**

2. Principal Place of Business
411 S Central AVE
Suite, Apt. #, etc.

3. Mailing Address
411 S Central AVE
Suite, Apt. #, etc.

City & State
Flagler Beach, FL
Zip Country
32136 USA

City & State
Flagler Beach, FL
Zip Country
32136 USA

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0723190

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLHOLLIN, JIMMY M
5 CLARIDGE CT S
PALM COAST, FL 32137**

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 *JMMillhollin* *Jimmy M Millhollin* President *4/18/05*
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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **MILLHOLLIN, JIMMY M** ☐ Delete
STREET ADDRESS **5 UTILITY DRIVE STE 10**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **millhollin, Jimmy M**
STREET ADDRESS **411 S Central Ave**
CITY-ST-ZIP **Flagler Beach FL 32136**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *JMMillhollin* *Jimmy M Millhollin* *4/18/05* *386-931-3487*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #