

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90154 001 \*\*\*450.00

<b>DOCUMENT # P04000048823</b> 1. Entity Name <b>HOLL, INC.</b>					
Principal Place of Business <b>5151 JUNGLE PLUM ROAD SARASOTA, FL 34242</b>			Mailing Address <b>P.O. BOX 4009 SARASOTA, FL 34230</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HOLLINGSWORTH, FRED III 5151 JUNGLE PLUM ROAD SARASOTA, FL 34242</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTSD HOLLINGSWORTH, FRED III 5151 JUNGLE PLUM ROAD SARASOTA, FL 34242</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Fred Hollingsworth III</i> <b>FRED HOLLINGSWORTH, III, AS President</b>			<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <b>3/29/06</b> </div> <div> <b>541-780-6043</b>  <small>Daytime Phone #</small> </div> </div>		

66009918



01082008 Chg-P CR2E034 (11/05)

4. EEL Number **20-4655095** Applied For  
Not Applicable

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

ATTACHMENT

6600 9918

HENRY P. TRAWICK, P.A.  
P.O. BOX 4009  
SARASOTA, FLORIDA 34230  
941 366-0660

DOCUMENTS TRANSMITTAL

DATE: April 11, 2006

RE: Holl, Inc.  
Document#P04000048823

THE FOLLOWING ARE ENCLOSED:

Copy of Dept. of State's letter of March 31, 2006.  
2006 Annual report with Taxpayer ID#20-4655095 on it.

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

HPT/jab