


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90032 019 ***150.00

DOCUMENT # P04000048823
 1. Entity Name
HOLL, INC.



Principal Place of Business Mailing Address
 5151 JUNGLE PLUM ROAD P.O. BOX 4009
 SARASOTA, FL 34242 SARASOTA, FL 34230

0004004



2. Principal Place of Business - No P.O. Box #
713 S. Orange Ave.

3. Mailing Address
713 S. Orange Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.

02272007 Chg-P CR2E034 (12/06)

City & State City & State
Sarasota, FL **Sarasota, FL**

Zip Country Zip Country
34236 **USA** **34236** **USA**

4. FEI Number Applied For
20-4655095 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, FRED III
5151 JUNGLE PLUM ROAD
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

Name
Jonathan S. Bridgford

Street Address (P.O. Box Number is Not Acceptable)
713 S. Orange Avenue

City State Zip Code
Sarasota **FL** **34236**

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:  DATE: **3-12-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HOLLINGSWORTH, FRED III 5151 JUNGLE PLUM ROAD SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HOLLINGSWORTH, FRED IV 713 S. Orange Avenue Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **3-12-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRED HOLLINGSWORTH, IV, AS PRESIDENT