

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90052 025 ***150.00

DOCUMENT # P04000077446 1. Entity Name D & J TILE BY DANNY HOLLINS, INC.					
Principal Place of Business 430 ALDAMA AVE LADY LAKE, FL 32159			Mailing Address P.O. BOX 1016 LADY LAKE, FL 32158		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FBI Number 20-1096159			Applied For ☐ Not Applicable		
5. Certificate of Status Desired - ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OLSON, TERRY E 430 ALDAMA AVE LADY LAKE, FL 32159				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: _____ (Name of board member or registered agent and the two above) (Name of Agent/Agents and address(es) if different)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINS, TERRY ☒ Delete 430 ALDAMA AVE LADY LAKE, FL 32159		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DANNY HOLLINS ☐ Change ☒ Addition P O BOX 1016 LADY LAKE FL 32158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER ROBERT LEGGETT ☐ Change ☒ Addition P O BOX 1016 LADY LAKE FL 32158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER JESSE BURNS ☐ Change ☒ Addition P O BOX 1016 LADY LAKE FL 32158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 employees.					
SIGNATURE: <i>Danny Hollins</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			1-22-05 352-250-7558		

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