

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90426 043 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI 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

7. Name and Address of New Registered Agent

Name

**DANNY S. HOLLINS**

Street Address (P.O. Box Number is Not Acceptable)

**430 ALDAMA AVE.**

City

**LADY LAKE**

**FL**

Zip Code

**32159**

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

*Danny Hollins*

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLINS, TERRY	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	LEGGETT, ROBERT	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JESSE	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollins, Danny	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	Lady Lake FL 32158	
TITLE	O	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Justin Burns	
STREET ADDRESS	PO Box 1016	
CITY-ST-ZIP	Lady Lake, FL 32158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Danny Hollins* **Danny Hollins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/06**

Date

**352-750-2822**

Daytime Phone #