


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90331 036 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

50037965



|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P04000123545</b>  |  |    |   |
| 1. Entity Name<br>HOLLY GROVE, P.A.   |  |   |   |
| Principal Place of Business<br>160 JACKSON'S RUN, F-9<br>SANTA BEACH, FL 32459  |  | Mailing Address<br>160 JACKSON'S RUN, F-9<br>SANTA BEACH, FL 32459  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
|   |  | 04062005 Chg-P CR2E034 (10/03)  |   |
| 4. FEI Number<br>20-1593724   |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>KILPATRICK, WILLIAM G JR.<br>1104 EGLIN PKWY.<br>SHALIMAR, FL 32579  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees               |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GROVE, HOLLY<br>160 JACKSON'S RUN, F-9<br>SANTA BEACH, FL 32459 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: _____  |  | 4/15/05 850 267 1694  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |   |