## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 03, 2006 8:00 am Secretary of State 07-14-2006 90019 032 \*\*\*150.00

| DOCUMENT # P04000123545  1. Entity Name HOLLY GROVE, P.A.   |   |   |                                 |  |                                       |   |   |                         |                           |
|---|---|---|---------------------------------|--|---------------------------------------|---|---|-------------------------|---------------------------|
| Principal Place<br>160 JACKSON<br>ANTA BEACH  | 'S RUN, F-9   | Mailing Address<br>160 JACKSON'S RUN, F<br>SANTA BEACH, FL 324  |                                 |  |                                       |   |   |                         |                           |
| ROSA ROSA  ZYPrincipal Place of Business Symmilton Address  |   |   |                                 |  |                                       |   |   |                         |                           |
| : 23 Principal Pia  | ace or business   | William Burness   |                                 |  |                                       | 141 138K 111K 111K 111K 11                |   | \$11 B\$881 <b>X</b> 11 | (BB) (1 10 <b>5</b> )     |
| Suite, Apt, #   | , etc.  | Suite, Apt #, etc.  |                                 |  | 06012006 Chg-P CR2E034 (11/05)        |   |   |                         |                           |
| CANFIT  | - DOSA BEAVEL   | SHUTTPROSA POTACH   |                                 |  | 4. FEI Number 20-1593724              |   |   |                         | plied For<br>I Applicable |
| Zip   | Country   | Zip   | Country                         |  |                                       | 1 Status Desired                          | □ \$8                                   | 75 Add                  | litional                  |
|   | 6. Name and Address of Current F  | Registered Agent  | l                               |  | 7. Name and A                         | Address of New F                          |   | Required                | 1                         |
|   |   |   |                                 | Name   |                                       |   |   |                         |                           |
| KILPATRICK, WILLIAM G JR.<br>1104 EGLIN PKWY.   |   |   | Si                              | Street Address (P.O. Box Number is Not Acceptable) |                                       |   |   |                         |                           |
| SHALIMAR, FL 32579  |   |   |                                 |  |                                       |   |   |                         |                           |
|   |   |   |                                 | ity  |                                       |   | FL                                      | Zip Code                | <del></del>               |
|   | named entity submits this statement for   | the purpose of changing its                                     | registered of                   | ffice or register                                  | ed agent, or both                     | in the State of Flo                       | orida I am Iami                         | ilia: with,             | and accept                |
| the obligation  | ons of registered agent   |   |                                 |  |                                       |   |   |                         |                           |
| SIGNATURE_  | Signature, typed or primed name of registered agent a                               | nd title it applicable (NOTE                                    | E Registered Age                | M ingrafije requied                                | when reinstaling)                     |   | DATE                                    | _                       |                           |
|   | NOW!!! FEE IS \$150.00<br>y 1, 2006 Fee will be \$550.0                             | 9. Election Campai<br>Trust Fund Contr                          |                                 |  | 00 May Be<br>ad to Fees               |   |   | -                       |                           |
| 10.   | D OFFICERS AND (  |   | Mile<br>XI                      | in   | ADDITIONS/C                           | HANGES TO OFF                             | ICERS AND DIE                           | <del>^</del> —          |                           |
|   | GROVE, HOLLY  | C Oelele  | NAME                            | 62   | DIE HO                                | HV  | <i>/</i> ~                              | <b>J</b> hange          | Addition                  |
| 1   | 160 JACKSON'S RUN, F-9<br>SANTA BEACH, FL 32459                                     |   | STREET AD                       | . سا   | 1710ac                                | KY<br>A <i>leac</i>                       | 1 14                                    | 37                      | 1400                      |
| TITLE   | RosA  | [☐ Detele   | DILE                            | <del></del>  |                                       | HULFL                                     | <del># / /</del>                        | Change                  | Additron                  |
| NAME<br>STREET ADDRESS  | K   |   | NAME<br>STREET AD               | nares  |                                       |   |   |                         |                           |
| CITY-ST-ZP  |   |   | CITY-ST-Z                       | l l  |                                       |   |   |                         |                           |
| TITLE   |   | ☐ Delete  | TITLE<br>NAME                   |  |                                       |   |   | Change                  | Addition                  |
| STREET ADDRESS  |   |   | STREET AD                       | DRESS  |                                       |   |   |                         |                           |
| CITY-ST-ZIP   |   |   | CITY-ST-Z                       | nr   |                                       |   |   |                         |                           |
| 11TLE<br>NAME   |   | ☐ Delete  | TITLE<br>NAME                   |  |                                       |   |   | Change                  | Addition                  |
| STREET ADDRESS<br>CITY-ST-Z-P   | •   |   | STREET AD                       | [  |                                       |   |   |                         |                           |
| TITLE   |   | Delete  | CITY-ST-2                       | -  | ·                                     |   |   | Change                  | Addition                  |
| NAME  |   |   | NAME                            |  |                                       |   |   | 3*                      |                           |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   | STREET ADI                      | ı  |                                       |   |   |                         | Į                         |
| TIPLE   |   | ☐ Oelete  | TITLE                           |  |                                       |   |   | Change                  | ☐ Addit:on                |
| NAME<br>STREET ADDRESS  |   |   | NAME<br>STREET AD               | DRESS  |                                       |   |   |                         |                           |
| CITY-ST-ZIP   | <u> </u>  |   | CITY+ST-Z                       | :P   |                                       |   |   |                         |                           |
| 12. I hereby co   | ertify that the information supplied with on this report or supplement: I report is | this filing closs not qualify for<br>true and accurate and that | r the exempt<br>rry signature : | tions contained<br>shall have the s                | in Chapter 119, I<br>ame legal effect | Florida Statutes, I<br>as il made under d | further certify it<br>bath; that I am a | at the inf              | ormation<br>or director   |
| 12. I hereby certify that the information supplied with this filing closs not evalify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental responsive formation and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the received of use of smoothing that I am an officer or director 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 order same large large. |   |   |                                 |  |                                       |   |   |                         |                           |
| SIGNATURE: 101111 SID SHI - 7786  |   |   |                                 |  |                                       |   |   |                         |                           |
| SIGNATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR Date Daying Piccon +   |   |   |                                 |  |                                       |   |   |                         |                           |

ATTACHMENT 7731/06 6002 morning 66033618 # p04000123545 : I did not receive my 12 annual seport notice -I Am Reguesting a waiver of the fate fee due to this fact. I Am subwiting the change form we) this note, you are already in receipt of my \$150) annual fre Thank you for your attention Holy Move