


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151378
1. Entity Name
J. HOLLAND INC., NASSAU COUNTY



Principal Place of Business Mailing Address
**501 CENTRE STREET
SUITE # 117
FERNANDINA BEACH, FL 32035 US** **PO BOX 916
FERNANDINA BEACH, FL 32035 US**

DO NOT WRITE IN THIS SPACE



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number **90-0212718** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HOLLAND, JERALD C LMHC
501 CENTRE STREET
SUITE 117
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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: *Jerald C. Holland* **JERALD C. HOLLAND - 30-06**
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**

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

11110001411533
02/10/06-80011-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, JERALD C LMHC PO BOX 916 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLAND, JOAN A LMHC PO BOX 916 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jerald C. Holland* **JERALD C. HOLLAND** 1-30-06 904-753-1563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #