

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90073 017 ***150.00

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| DOCUMENT # P05000011918 | | | | | |
| 1. Entity Name HOLLIBAUGH ENTERPRISES, INC. | | | | | |
| Principal Place of Business 218 CRESCENT COURT EAST BRADENTON, FL 34208 | | | Mailing Address 218 CRESCENT COURT EAST BRADENTON, FL 34208 | | |
| 2. Principal Place of Business 4529 NW 45 CT. UNIT 176 Suite, Apt. #, etc. #176 City & State GAINESVILLE FL Zip 32606 Country U.S. | | 3. Mailing Address 4529 NW 45 CT. Suite, Apt. #, etc. #176 City & State GAINESVILLE FL Zip 32606 Country U.S. | | | |
| 4. FEI Number 74-3138480 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HOLLIBAUGH, STEVE 218 CRESCENT COURT EAST BRADENTON, FL 34208 | | | 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: <u>Steve Hollibaugh</u> PRESIDENT DATE: <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP | PD HOLLIBAUGH, STEVE 218 CRESCENT COURT EAST BRADENTON, FL 34208 CHANGE ADDRESS TO ABOVE | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT JAMES GODFREY 3754 LAKE STREET FT. MYERS, FL 33901 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; that the information 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: <u>Steve Hollibaugh</u> PRESIDENT | | | Date: <u>4/17/06</u> Daytime Phone #: <u>352-318-1426</u> | | |

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