

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000030513

1. Entity Name
J D HOLLOWAY, INC.



Principal Place of Business
8519 CYPRESS HOLLOW COURT
SANFORD, FL 32771

Mailing Address
8519 CYPRESS HOLLOW COURT
SANFORD, FL 32771

FILED

2007 APR -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3743105

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
18 PALM LEAF LN
PALM COAST, FL 32164

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOLLOWAY, DEREK J
STREET ADDRESS 8519 CYPRESS HOLLOW COURT
CITY-ST-ZIP SANFORD, FL 32771

TITLE V
NAME HOLLOWAY, DIANA M
STREET ADDRESS 8519 CYPRESS HOLLOW COURT
CITY-ST-ZIP SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

600095246066
04/09/07--01049--001 **158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-07

Date

407-402-8069

Daytime Phone #