


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 038 ***150.00

DOCUMENT # P05000037996	
1. Entity Name HOLLEY ENTERPRISES, INC.	

Principal Place of Business 20349 CENTRAL AVENUE WEST BLOUNTSTOWN, FL 32424	Mailing Address P.O. BOX 1098 BLOUNTSTOWN, FL 32424
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2. Principal Place of Business - No P.O. Box # 17353 Main St N	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BLOUNTSTOWN FLA	City & State
Zip 32424	Country USA

46000000



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1679221	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 HOLLEY, EDWARD F 20051 BURNS AVENUE BLOUNTSTOWN, FL 32424	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLEY, EDWARD F 20051 NE BURNS AVE BLOUNTSTOWN, FL 32424 <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. 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: Edward F. Holley **EDWARD F. HOLLEY** 3/15/08 8506747718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #