

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90002 022 \*\*\*150.00

<b>DOCUMENT # P06000001994</b> 1. Entity Name <b>HOLLEY DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>13286 ALBANY ROAD BROOKSVILLE, FL 34614</b>			Mailing Address <b>13286 ALBANY ROAD BROOKSVILLE, FL 34614 US</b>		
2. Principal Place of Business - No P.O. Box # <b>827 AVE. E NE</b>		3. Mailing Address <b>827 AVE. E NE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN, FL</b>		4. FEI Number <b>20-4040794</b>	
Zip <b>33881</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLLEY, TOMMY J 13286 ALBANY ROAD BROOKSVILLE, FL 34614</b>		7. Name and Address of New Registered Agent Name <b>HOLLEY, TOMMY J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>827 AVE. E NE</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33881</b>			
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">3/5/08</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HOLLEY, TOMMY J</b> <b>13286 ALBANY ROAD</b> <b>BROOKSVILLE, FL 34614</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HOLLEY, TOMMY.</b> <b>827 AVE. E NE</b> <b>WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HOLLEY, ELIZABETH L</b> <b>13286 ALBANY ROAD</b> <b>BROOKSVILLE, FL 34614</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HOLLEY, ELIZABETH L.</b> <b>827 AVE. E NE</b> <b>WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/5/08</b> Daytime Phone #		