

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093358

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: FOX HOLLOW ENTERPRISES, INC.

## Current Principal Place of Business:

25 JIMMY LEE ROAD  
WINTER HAVEN, FL 338801053 US

## New Principal Place of Business:

## Current Mailing Address:

25 JIMMY LEE ROAD  
WINTER HAVEN, FL 338801053 US

## New Mailing Address:

FEI Number: 20-5293481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOVE, CATHY H  
25 JIMMY LEE ROAD  
WINTER HAVEN, FL 338801053 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOVE, DAVID M  
Address: 25 JIMMY LEE ROAD  
City-St-Zip: WINTER HAVEN, FL 338801053

Title: S,T ( ) Delete  
Name: BOVE, CATHY H  
Address: 25 JIMMY LEE ROAD  
City-St-Zip: WINTER HAVEN, FL 338801053

Title: VP (X) Delete  
Name: BOVE, ALEXANDER  
Address: 25 JIMMY LEE ROAD  
City-St-Zip: WINTER HAVEN, FL 338801053

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BOVE, CATHY H  
Address: 25 JIMMY LEE ROAD  
City-St-Zip: WINTER HAVEN, FL 338801053

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY BOVE

VP

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date