

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000114859

1. Entity Name

BERNARD HOLLEY, INC.



Principal Place of Business

**2302 SOUTH CYPRESS BEND DRIVE
APT. # 409
POMPANO BEACH FL 33069**

Mailing Address

**2302 SOUTH CYPRESS BEND DRIVE
APT. # 409
POMPANO BEACH FL 33069**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-5563566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFEBVRE, PHILIP W
2302 SOUTH CYPRESS BEND DRIVE
APT. # 409
POMPANO BEACH FL 33069**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PRES
HOLLEY, BERNARD
2302 SOUTH CYPRESS BEND DRIVE, APT. # 409
POMPANO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U00000935308
05/23/08-80067-016 150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
LEFEBVRE, PHILIP W
2302 SOUTH CYPRESS BEND DRIVE, APT. # 409
POMPANO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
LEFEBVRE, PHILIP W
2302 SOUTH CYPRESS BEND DRIVE, APT. # 409
POMPANO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V-PR
LEFEBVRE, PHILIP W
2302 SOUTH CYPRESS BEND DRIVE, APT. # 409
POMPANO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAR
LEFEBVRE, PHILIP W
2302 SOUTH CYPRESS BEND DRIVE, APT. # 409
POMPANO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRE
LEFEBVRE, PHILIP W
2302 SOUTH CYPRESS BEND DRIVE, APT. # 409
POMPANO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: *Philip W. Lefebvre* **Philip W. Lefebvre** **April 28, 2008** **954-971-0634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR