

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 022 ***158.75

DOCUMENT # P07000016954

1. Entity Name
JANA HOLLAND, P.A.



Principal Place of Business
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32435

Mailing Address
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32435

2. Principal Place of Business - No P.O. Box #
10 S. 4th Street

3. Mailing Address
PO Box 1525

Suite, Apt. #, etc.

City & State
DEFUNIAK Springs, FL

City & State
DEFUNIAK Springs, FL

Zip
32435

Country
Walton

Zip
32435

Country
Walton

01152008 Chg-P CR2E034 (12/06)

4. FEI Number
20 8481395

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, JANA M
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent

Name
JANA M. HOLLAND

Street Address (P.O. Box Number is Not Acceptable)
10 S. 4th Street

City
DEFUNIAK Springs FL

Zip Code
32435

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 DATE 1-22-08

(NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	D HOLLAND, JANA M 785 S 2ND STREET DEFUNIAK SPRINGS, FL 32435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANA M. HOLLAND 10 S. 4th Street DEFUNIAK Springs FL 32435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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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: DATE 1-22-08 DAYTIME PHONE # 850-892-5739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR