## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P07000016954  1. Entity Name JANA HOLLAND, P.A.					01-24-2008 90027 022 ***158.75				
Principal Plac	e of Business	Mailing Address		Q.	UUVY -				
785 S 2ND STREET DEFUNIAK SPRINGS, FL 32435 785 S 2ND STREET DEFUNIAK SPRINGS, FL 32435			32435	3	•				
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOK 152:			 25	<u> </u>					
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		01152	008 Chg-P	CR2E	034 (12/06)		
City & Stat	e	City & State		4. FELN	lumber	<del>-</del> - 0	A	oplied For	
	XFWiAK Springs, FC DEFWIAK Spring		<u>ings, fr</u>	-	2084	<u>81395</u>		ot Applicable	
32435	Country	32435 )	waltor	5. Certi	ficate of Status Desire	ed 🗹	\$8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current F		WOCT TOR		e and Address of Ne	w Registere			
		Name	Java M. Holland						
HOLLAND, JANA M 785 S 2ND STREET				Street Address (P.O. Box Number is Not Acceptable)					
DEFUNIAK SPRINGS, FL 32435				0 1.1					
₩.			City	5. 4th	<del>Street</del>				
				eFwiAK	Speings	F	L ၽြင္မင္ရ	<u>.</u> 435_	
8. The above named chitity 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 renatating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.	~	ONS/CHANGES TO	OFFICERS AT	ID DIRECTOR	S IN 11	
TITLE	D IAND IAND I	Delete	THILE	JANA W	Holland		▼ Change	☐ Addition	
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CITY-ST-ZIP	north, that the information a mating with	this filing does not qualify to-	<b>I</b>	contained in Cheese	or 110 Florida Class	as I fudhor s	artifu that the	nformation	
rz. i nereby (	certify that the information supplied with on this report or supplemental report is	true and accurate and that my	uie exemptions ( cionautro chall l	ionalied iii Chapte lave the same lega	ar i ra, riunua ataluk Leffect as il made un	ea. Fiurther Ci der nath: that	iam ao officei	or director	

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 attach field with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-22-08

850-892-5739 Dayline Phona #