



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90209 020 \*\*\*150.00

<b>DOCUMENT # P07000075149</b>					
<b>1. Entity Name</b> TIM HOLLADAY ADVERTISING CORPORATION					
<b>Principal Place of Business</b> 5649 GULF DRIVE NEW PORT RICHEY, FL 34652 US			<b>Mailing Address</b> 5647 GULF DRIVE NEW PORT RICHEY, FL 34652 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 5824 U.S. Hwy 19		<b>3. Mailing Address</b> 5824 U.S. Hwy 19			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A		04222008    Chg-P    CR2E034 (12/06)	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL		<b>4. FEI Number</b> 26-0516393	
Zip 34652		Country PASCO		Applied For Not Applicable	
Zip 34652		Country PASCO		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  WOLLINKA, DAVID J 1835 HEALTH CARE DRIVE TRINITY, FL 34655			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL    Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<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/D HOLLADAY, TIM 5647 GULF DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HOLLADAY, TIM 5824 U.S. HWY 19, STE. A NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DREWES, TIFFANY H 5647 GULF DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DREWES, TIFFANY H. 5824 U.S. HWY 19, STE. A NEW PORT RICHEY, FL 34652	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b> <i>Tim Holladay</i> President Tim Holladay 4/29/08 727 847-3838					