

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000065810

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** HOLLINGSWORTH CARPENTRY, INC.

**Current Principal Place of Business:**

5540 ANDREA DRIVE  
HOLIDAY, FL 34690 US

**New Principal Place of Business:**

1331 MAIN STREET  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

5540 ANDREA DRIVE  
HOLIDAY, FL 34690 US

**New Mailing Address:**

1331 MAIN STREET  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 26-2959671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLINGSWORTH, DONALD  
5540 ANDREA DRIVE  
HOLIDAY, FL 34690 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOLLINGSWORTH, DONALD  
Address: 5540 ANDREA DRIVE  
City-St-Zip: HOLIDAY, FL 34690 US

Title: S  
Name: JONES, JUSTIN  
Address: 29750 66TH WAY NORTH  
City-St-Zip: CLEARWATER, FL 33761 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD HOLLINGSWORTH

P

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date