

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000009354

1. Entity Name
HOLLYWOOD CONSTRUCTION, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 29 PM 3: 59

Principal Place of Business
3003 STATE AVE
PANAMA CITY, FL 32405 US

Mailing Address
3003 STATE AVE
PANAMA CITY, FL 32405 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08292008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3157451

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

GOLDEN, LINDA P VD
3003 STATE AVE
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
GOLDEN, RONNIE D
3003 STATE AVE
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GOLDEN, LINDA P
3003 STATE AVE
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
HOWELL, ANN
PO BOX 8003
SOUTHPORT, FL 32409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MERTENS, THOMAS A
168 S SEMORAN BLVD
ORLANDO, FL 32867 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
GOLDEN, RONALD GAGE
3003 STATE AVE
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200135146072
09/02/08--01001--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Ann Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08

Date

850-763-8600

Daytime Phone #