


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90013 004 ***150.00

DOCUMENT # P92000013422	
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1. Entity Name

ROBERT L. HOLLAND & ASSOCIATES, INC.

Principal Place of Business 128 NANDINA CIRCLE PONTE VEDRA BEACH FL 32082 US	Mailing Address 128 NANDINA CIRCLE PONTE VEDRA BEACH FL 32082 US
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2. Principal Place of Business 4200 Marsh Landing Blvd Suite, Apt. #, etc. # 100 City & State Jacksonville Beach FL Zip 32250 Country Duval	3. Mailing Address 4200 Marsh Landing Blvd. Suite, Apt. #, etc. # 100 City & State Jacksonville Beach FL Zip 32250 Country Duval
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MOORE CR2E034 (11/03)

4. FEI Number 59-3157179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSCHMAN, ALBERT E JR. 2215 S. 3RD ST. SUITE 101 JACKSONVILLE BEACH FL 32250	7. Name and Address of New Registered Agent Name Robert L. Holland Street Address (P.O. Box Number is Not Acceptable) 4200 Marsh Landing Blvd #100 City Jacksonville Beach FL Zip Code 32250
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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 Robert L. Holland DIRECTOR DATE 2-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, ROBERT 128 NANDINA CIRCLE PONTE VEDRA BEACH FL <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert L. Holland DATE 2-19-04 DAYTIME PHONE # 904-285-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR