


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000011107**

1. Entity Name  
110 HOLLY AVE CORPORATION



Principal Place of Business      Mailing Address

P.O. BOX 280      P.O. BOX 280  
FLAGLER BEACH, FL 32136 US      FLAGLER BEACH, FL 32136 US

**DO NOT WRITE IN THIS SPACE**



02032006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3166595**      Not Applicable

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

8. Name and Address of Current Registered Agent

SKLAR, HOWARD L  
3231 N OCEANSHORE BLVD  
FLAGLER BEACH, FL 32136

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6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SKLAR, HOWARD L
STREET ADDRESS	3231 N OCEANSHORE BLVD
CITY - ST - ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000494643  
04/20/06-80054-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Howard L Sklar President      3-30-06      386 4390081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #