2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01232008   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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000909277 05/06/08-80064-004 150.00

10. OFFICERS AND DIRECTORS

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

TITLE	
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CITY-ST-ZIP	

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 Sklar_   HOWARD SKLAR   3-1-08   386439008 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #