


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000029411 1. Entity Name A HOLLAND SERVICE CORPORATION	
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Principal Place of Business 4435 SW 35TH TERR STE 470 GAINESVILLE, FL 32608 US	Mailing Address PO BOX 155 SUWANNEE, FL 32692
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3187307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLLAND, CHARLES E. 291 PENINSULA SUWANNEE, FL 32692

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLLAND, CHARLES E 291 PENINSULA SUWANNEE, FL 32692
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CHESSE, ALICE H 13553 NW HWY. 27 ALT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAGLAND, WILLIAM A 11771 NE 91ST CT. BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/20/04-80043-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Allice H. Chesser</i> <i>ALICE H. CHESSE</i>	Date 4/19/04	Daytime Phone # 352-336-0830
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