

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000029913		
1. Entity Name HOLLAND MARINE CONSTRUCTION INC.		
Principal Place of Business 19310 GULF BLVD INDIAN SHORES, FL 33785 US		Mailing Address 19310 GULF BLVD INDIAN SHORES, FL 33785 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent HOLLAND, PETER JOSEPH 19310 GULF BLVD INDIAN SHORES, FL 33785		DO NOT WRITE IN THIS SPACE
9. 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 reappointing) Signature, type or print name of registered agent and title if applicable _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 to this address, with all other like empowered. SIGNATURE: X Peter Holland SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
TITLE: D NAME: HOLLAND, PETER JOSEPH STREET ADDRESS: 19310 GULF BLVD CITY, ST, ZIP: INDIAN SHORES, FL 33785		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 to this address, with all other like empowered.		000000355520 05/03/05-80151-011 150.00 DO NOT WRITE IN THIS SPACE
SIGNATURE: X Peter Holland SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____		X 4/29/05 X 727-596-596 DATE _____ DAYTIME PHONE # _____