

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90028 005 ***150.00

DOCUMENT # P94000044905

1. Entity Name
T & D HOLLIHAN PAINTING, INC.



Principal Place of Business
**13785 63RD LA N
WEST PALM BEACH, FL 33412**

Mailing Address
**13785 63RD LA N
WEST PALM BEACH, FL 33412**

03102008



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0496954

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLIHAN, DEBRA
13785 63RD LA N
WEST PALM BEACH, FL 33412**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Debra Hollihan VP, Debra Hollihan*

3/23/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **HOLLIHAN, DEBRA**
STREET ADDRESS **13785 63RD LANE N**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE **Sec. Keith Strickland** ☐ Change ☒ Addition
NAME **13785 63rd Lane, N**
STREET ADDRESS **West Palm Beach, FL 33412**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **HOLLIHAN, TERENCE G.**
STREET ADDRESS **13785 63RD LANE N**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☒ Delete
NAME **FUETTE, KEN**
STREET ADDRESS **13785 63RD LANE, N**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRES** ☐ Delete
NAME **KANWISCHER, KEITH**
STREET ADDRESS **13785 63RD LANE, N**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Debra Hollihan VP 3/23/08 561-798-459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #