

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093971

**FILED**  
**Mar 29, 2005**  
**Secretary of State**

**Entity Name:** MARGARET D. HOLLINGER, P.A.

**Current Principal Place of Business:**

3130 LOCKWOOD TERRACE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

5738 SANDY POINTE DRIVE  
SARASOTA, FL 34233 US

**Current Mailing Address:**

3130 LOCKWOOD TERRACE  
SARASOTA, FL 34231 US

**New Mailing Address:**

5738 SANDY POINTE DRIVE  
SARASOTA, FL 34233 US

**FEI Number:** 65-0545212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLINGER, MARGARET D PRESIDE  
3130 LOCKWOOD TERRACE  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

HOLLINGER, MARGARET D PRESIDE  
5738 SANDY POINTE DRIVE  
SARASOTA, FL 34233 US

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.

**SIGNATURE:** MARGARET D.HOLLINGER

03/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** HOLLINGER, MARGARET D PRESIDE  
**Address:** 3130 LOCKWOOD TERRACE  
**City-St-Zip:** SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** HOLLINGER, MARGARET D PRESIDE  
**Address:** 5738 SANDY POINTE DRIVE  
**City-St-Zip:** SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARGARET D. HOLLINGER

PRES

03/29/2005

Electronic Signature of Signing Officer or Director

Date