


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000018568

1. Entity Name
 THE HOLLAND GROUP, INC.



Principal Place of Business Mailing Address

11609 NIGHT HERON DRIVE 11609 NIGHT HERON DRIVE
 NAPLES, FL 33999 NAPLES, FL 33999



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0569581 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND, FRANK M JR.
 11609 NIGHT HERON DRIVE
 NAPLES, FL 33999

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

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

TITLE	CEO
NAME	HOLLAND, FRANK M JR
STREET ADDRESS	11609 NIGHT HERON DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	STD
NAME	HOLLAND, SALLY R
STREET ADDRESS	11609 NIGHT HERON DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	PD
NAME	HOLLAND, CLINT C
STREET ADDRESS	11609 NIGHT HERON DR.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000777912
 01/10/08-80024-014 150.00

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 507, 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: FRANK M. HOLLAND, JR. 1/7/08 239-435-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #