

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000096185

1. Entity Name

JAMES D. A. HOLLEY & CO., P.A.



FILED

2008 SEP -8 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2606 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

Mailing Address
2606 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09032008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3348344

Applied For

Not Applicable

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

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 D ☐ Delete
NAME MADDEN, JOHN A
STREET ADDRESS 3061 WHITE IBIS WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Change ☒ Addition
NAME BERGERON, DONNA T.
STREET ADDRESS 1059 EPPING FOREST DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE D ☐ Delete
NAME PARMELEE, GWYNNE Y
STREET ADDRESS 3365 EAST LAKESHORE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Change ☒ Addition
NAME MCINTYRE, JOAN S.
STREET ADDRESS 6340 DUCK CALL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D ☐ Delete
NAME HARPER, L. MCRAE
STREET ADDRESS 2516 BETTON WOODS DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME 000135603470
STREET ADDRESS 09/09/08--01027--019 **61.25
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PENNINGTON, CHARLES W
STREET ADDRESS 2016 DOOMAR DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

TITLE D ☐ Delete
NAME GILBERT, MATTHEW H
STREET ADDRESS PO BOX 13796
CITY-ST-ZIP TALLAHASSEE, FL 32317

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:

John A. Madden JOHN A. MADDEN

9/4/08

950-878-2494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #