


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90388 005 ***158.75

DOCUMENT # P96000057772	
1. Entity Name R.E. HOLLAND & ASSOCIATES, INC.	

Principal Place of Business 7601 ALTON AVE JACKSONVILLE, FL 32211	Mailing Address 7601 ALTON AVE JACKSONVILLE, FL 32211
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94077546



2. Principal Place of Business 9700 Philips Hwy #102 Jacksonville Florida City & State 32256	3. Mailing Address 9700 Philips Hwy. #102 Jacksonville Florida City & State 32256
Zip Country	Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3395719	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLLAND, ROBERT E 7601 ALTON AVENUE JACKSONVILLE, FL 32211	7. Name and Address of New Registered Agent Name Holland, Robert E. Street Address (P.O. Box Number is Not Acceptable) 9700 Philips Hwy Ste 102 City Jacksonville FL Zip Code 32256
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLLAND, ROBERT E. 7601 ALTON AVE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9700 Philips Hwy Ste 102 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: R.E. Holland President 4/28/04 904-260-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R.E. HOLLAND, PRESIDENT