2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000102095

LARRY R. HOLLY & ASSOCIATES, INC.

Mailing Address

2437 CENTRAL AVE ST. PETERSBURG, FL 33713

Principal Place of Business

2437 CENTRAL AVE ST. PETERSBURG, FL 33713 115

FILED Feb 19, 2008 08:00 AM Secretary of State



CR2E034 (11/05)

No Chg-P

02152008

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3428156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGLANDER & FISCHER, P.A. DO NOT WRITE 721 1ST AVE N ST. PETERSBURG, FL 33701 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE U00000831890 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 /08-80Ö37-0O9 150.**0**0 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS DP HOLLY, LARRY R STREET ADDRESS 5130 70 ST N CITY-ST-ZIP SAINT PETERSBURG, FL 33709 DVST HOLLY, THERESA W STREET ADDRESS 5130 70 ST N CITY-ST-7IP SAINT PETERSBURG, FL 33709 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 trusfee 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

10.

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR

2-15-08

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