

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90033 005 ***150.00

DOCUMENT # P97000000162 1. Entity Name HOLO FLO, INC.																	
Principal Place of Business 2401 GULF-DRIVE-NORTH BRADENTON BEACH FL 34217 US		Mailing Address C/O HORST LOHOELTER IM KANTELACKER 32 D-64646 HEPPENHEIM, GERMANY															
2. Principal Place of Business 1900 Ringling Blvd. Suite, Apt. #, etc. c/o Dumbaugh John City & State Sarasota / Florida Zip 34236 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country															
		 MOORE CR2E034 (11/03)															
		4. FEI Number 65-0745023															
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D 1900 RINGLING BLVD SARASOTA FL 34236		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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															
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-2005
~~3-5-2004~~

[Signature]
Loholter Loholter