

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90098 050 \*\*\*150.00

<b>DOCUMENT # P97000017430</b>																																																							
<b>1. Entity Name</b> HOLLY DAVIDSON SCHUTTLE, P.A.																																																							
<b>Principal Place of Business</b> 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486 US			<b>Mailing Address</b> 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486 US																																																				
<b>2. Principal Place of Business</b> 2151 NW BOCA RATON BLVD Suite, Apt. #, etc. #100		<b>3. Mailing Address</b> 2151 NW BOCA RATON BLVD Suite, Apt. #, etc. #100		<b>50033850</b> 																																																			
<b>City &amp; State</b> BOCA RATON, FL Zip 33431		<b>City &amp; State</b> BOCA RATON, FL Zip 33431		<b>4. FEI Number</b> 65-0750718																																																			
<b>Country</b> USA		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																			
<b>6. Name and Address of Current Registered Agent</b> SCHUTTLE, HOLLY D 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON, FL 33486			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2151 NW BOCA RATON BLVD Suite 100 City BOCA RATON FL Zip Code 33431																																																				
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																					
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<b>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.</b>																																																							
<b>SIGNATURE:</b>				Date _____ (561) 393-0565																																																			