

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000074617

1. Entity Name
HOLGRAND, INC.



Principal Place of Business
% DRUCKER & FALK, LLC
7200 STONEHENGE DRIVE SUITE 211
RALEIGH, NC 27613

Mailing Address
9286 WARWICK BLVD
NEWPORT NEWS, VA 23607

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3466002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, DANIEL M
227 WEST PARK AVENUE
WINTER PARK, FL 32789

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000126074
04/23/04-80018-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FALK, DAVID C SR
STREET ADDRESS 7200 STONEHENGE DRIVE SUITE 211
CITY-ST-ZIP RALEIGH, NC 27613

TITLE D
NAME KAYDEN, BERNARD H
STREET ADDRESS 550 MAMARONECK AVE SUITE 404
CITY-ST-ZIP HARRISON, NY 10528

TITLE D
NAME KAYDEN, MILDRED
STREET ADDRESS 550 MAMARONECK AVE SUITE 404
CITY-ST-ZIP HARRISON, NY 10528

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. FALK

4-15-04

Date

7572451541

Daytime Phone #