

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-16-2008 90045 031 ***150.00

DOCUMENT # P97000107153		
1. Entity Name HOLLOWAY REALTY, INC.		
Principal Place of Business 8200 S. MAGNOLIA AVE. OCALA, FL 34476		Mailing Address 8200 S. MAGNOLIA AVE. OCALA, FL 34476
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOLLOWAY, GERALD 8200 S. MAGNOLIA AVE. OCALA, FL 34476		66002731  01122008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3483409 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D HOLLOWAY, GERALD 8200 S. MAGNOLIA AVE. OCALA, FL 34476	
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DO NOT WRITE IN THIS SPACE		
12. I hereby 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 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: <u>Gerald Holloway</u> <u>5/1/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		