


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90010 020 \*\*\*150.00

<b>DOCUMENT # P98000008834</b>	
1. Entity Name JERRY A. HOLLOWAY, P.A.	

Principal Place of Business 375 5TH AVE SOUTH STE 202 NAPLES, FL 34102	Mailing Address PO BOX 7582 NAPLES, FL 34102
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2. Principal Place of Business 4130 Tamiami Trail N. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Naples Florida	City & State
Zip 34103	Country Collier

**44046831**



07012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3487337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLOWAY, JERRY A 3411 TAMIAMIA TRAIL N. NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Jerry Holloway Pres. DATE: 07-01-2004  
NOTE: Registered Agent signature required when reconstituting.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, JERRY A PO BOX 7582 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry A. Holloway P.A. DATE: 07-01-2004 239 4046900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR