

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000013441

1. Entity Name  
SILLOH INDUSTRIES, INC.



**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90091 005 \*\*\*150.00

Principal Place of Business  
500 S FLORIDA AVE  
SUITE 400  
LAKELAND, FL 33801 US

Mailing Address  
500 S FLORIDA AVE  
SUITE 400  
LAKELAND, FL 33801 US

2. Principal Place of Business - No P.O. Box #  
757 3rd St. SW  
Suite, Apt. #, etc.

3. Mailing Address  
757 3rd St SW  
Suite, Apt. #, etc.

City & State  
Winter Haven, FL  
Zip 33880 Country

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Winter Haven, FL  
Zip 33880 Country

01292007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3511181

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HOLLIS, JACK M  
141 FAIRCHILD ST  
BABSON PARK, FL 33827

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: *Jack M. Hollis* Jack M. Hollis, President & CEO 1-30-2007  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOLLIS, JACK M			NAME			
STREET ADDRESS	141 FAIRCHILD ST			STREET ADDRESS			
CITY-ST-ZIP	BABSON PARK, FL 33827			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Jack M. Hollis* Jack M. Hollis 1-30-07 (863) 609-1155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X.227