


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90018 020 \*\*\*150.00

<b>DOCUMENT # P99000044543</b>	
1. Entity Name <b>HOLLADY PALMS, INC.</b>	

Principal Place of Business <b>5417 SERENITY COVE BOKEELIA FL 33922</b>	Mailing Address <b>5417 SERENITY COVE BOKEELIA FL 33922</b>
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2. Principal Place of Business <b>5502 CHESHIRE DR. Suite, Apt. #, etc. FT MYERS FL</b>	3. Mailing Address <b>5502 CHESHIRE DR. Suite, Apt. #, etc. FT MYERS FL</b>
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1st MOORE CR2E034 (10/05)

City & State <b>FT MYERS FL</b>	City & State <b>FT MYERS FL</b>
Zip <b>33912</b>	Country <b>USA</b>

4. FEI Number <b>65-0924696</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>HOLLADY, JOHN M 5417 SERENITY COVE BOKEELIA FL 33922</b>	7. Name and Address of New Registered Agent Name <b>HOLLADY JOHN E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5502 CHESHIRE DR.</b> City <b>FT MYERS</b> FL Zip Code <b>33912</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 John E. Hollady **JOHN E. HOLLADY VP** 03-29-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLADY, JOHN M</b>		NAME <b>HOLLADY, JOHN M</b>	
STREET ADDRESS <b>5417 SERENITY COVE</b>		STREET ADDRESS <b>5417 SERENITY COVE</b>	
CITY-ST-ZIP <b>BOKEELIA FL 33922</b>		CITY-ST-ZIP <b>BOKEELIA FL 33922</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLADY, JOHN E</b>		NAME <b>HOLLADY, JOHN E</b>	
STREET ADDRESS <b>5417 SERENITY COVE</b>		STREET ADDRESS <b>5417 SERENITY COVE</b>	
CITY-ST-ZIP <b>BOKEELIA FL 33922</b>		CITY-ST-ZIP <b>BOKEELIA FL 33922</b>	
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 Section 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 I am empowered.

SIGNATURE: John E. Hollady **JOHN E. HOLLADY VP** 03-29-06 239-635604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #