

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S26222

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** DWIGHT HOLLOWAY & CO.

**Current Principal Place of Business:**

91-1581 WAHANE STREET  
KAPOLEI, HI 96707 US

**New Principal Place of Business:**

**Current Mailing Address:**

91-1581 WAHANE STREET  
KAPOLEI, HI 96707 US

**New Mailing Address:**

**FEI Number:** 59-3053665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CFRA, LLC  
100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** SDP  
**Name:** HOLLOWAY, DWIGHT D PRESID  
**Address:** 91-1581 WAHANE STREET  
**City-St-Zip:** KAPOLEI, HI 96707

**Title:** S  
**Name:** HOLLOWAY, CYNTHIA A SHAREHO  
**Address:** 91-1581 WAHANE STREET  
**City-St-Zip:** KAPOLEI, HI 96707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DWIGHT D HOLLOWAY

PRES

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date