## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # \$53692 1. Entity Name 04-09-2007 90043 038 \*\*\*150.00 HOLLAND HOMES REALTY, INC. Principal Place of Business Mailing Address 2613 CANYON FALLS DRIVE JACKSONVILLE FL 32224 2613 CANYON FALLS DRIVE JACKSONVILLE FL 32224 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1688 HARRINGton PARK DA 1688 HARRINGTON PARK DI Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 59-3069313 City & State Applied For JACKSON .. 11e JACKSONV. 11e Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32225 Duva 1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, BEVERLY J 2613 CANYON FALLS DR Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32224 1688 HARRINSTON PARK Drive 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 Signature, typed or printed name of registered agent and tille it applicable. (NOTE: Registered Agent signature required when te ristating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Defete HILE ☐ Change Addition HOLLAND, BEVERLY J. NAMI 1688 HARRINSTON PARK DRIVE 2613 CANYON FALLS DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL JACKSONVIlle, FL 32225 CITY ST-ZIP CITY ST ZIP Ith ☐ Delete ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST ZIP HILC Delete HBT Change Addition \*\*\*\*\* MAME STREET ADDRESS STREET ADDRESS CHY ST-ZIE CITY ST ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST-7IP IIIIE ☐ Delete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST 7IP ШЦ ☐ Delete THE Change Addition NAMI NAM 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Online 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmost with an address, with all other like empowered.

**FILED**