2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90125 029 ***150.00

DOCUMENT # S54848

1. Entity Name
HOLD-AWN MANUFACTURING CO.

50034222

01042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
66 HWY 27 & CRUMP RD #2 LAKE HAMILTON, FL 33851-0899 US	P.O. BOX 899 LAKE HAMILTON, FL 33851-0899 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3082710 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, GARY 511 N PARK AVE LAKE HAMILTON, FL 33851	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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, T. MAYO 407 E. JONES AVE. HAINES CITY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, T. MAYO 1517 THOMPSON CIRCLE N.W. WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, ZOE 407 E. JONES AVE. HAINES CITY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, ZOE 1317 THOMPSON Circle NW. WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, GARY D. 511 PARK AVE. N. LAKE HAMILTON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, GARY D. 511 N. PARK AV LAKE HAMILTON FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Gary White GARY WHITE 1-5-04 863-438-94[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #