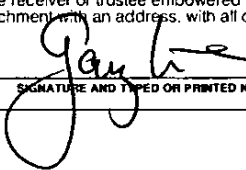


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 66 HWY 27 & CRUMP RD #2 LAKE HAMILTON, FL 33851-0899 US			Mailing Address 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		
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 _____ Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____					
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 NW. 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 1-5-04 863-438-9411					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					