
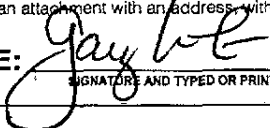


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITE, GARY 511 N PARK AVE LAKE HAMILTON, FL 33851		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, T. MAYO 407 E. JONES AVE. WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ZOE 407 E. JONES AVE. WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITGE, GARY D. 511 PARK AVE. N. LAKE HAMILTON, FL 33851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-06 863 438 9411 Date Daytime Phone #



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3082710

Applied For
Not Applicable

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

U00000552230
05/15/06-80003-005 150.00

**DO NOT WRITE
IN THIS SPACE**