

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90462 032 ***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

40091743



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHITE, T. MAYO
STREET ADDRESS 407 E. JONES AVE.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME WHITE, ZOE
STREET ADDRESS 407 E. JONES AVE.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME WHITE, GARY D.
STREET ADDRESS 511 PARK AVE. N.
CITY-ST-ZIP 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

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-27-07