2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S78135

1. Entity Name
HOLLIS FOWLER & ASSOC, INC

Principal Place of Business	Mailing Address
8739 RICARDO LANE JACKSONVILLE, FL 32216 US	8739 RICARDO LANE JACKSONVILLE, FL 32216 US

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3082443	Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, HOLLIS A., JR.
8739 RICARDO LANE
JACKSONVILLE, FL 32216

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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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOWLER, HOLLIS A., JR.
STREET ADDRESS	8739 RICARDO LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #